

Indian Red Cross Society

Karnataka State Branch

APPLICATION FORM FOR REGISTRATION OF COLLEGES AND ENROLMENT OF STUDENT MEMBERS IN THE YOUTH RED CROSS

From,

Date:-.....

The Principal

..... College
..... Address
..... Taluk
..... District
Pin code

To,

The General Secretary
Indian Red Cross Society
Karnataka State Branch
#26, Red Cross Bhavan,
1st Floor, Race Course Road,
Bengaluru – 560001

Dear Sir/Madam,

We propose to form a Youth Red Cross Wing in our College / Institute. There are.....
students (Mention no of students) studying in different classes.

Please find enclosed Youth Red Cross registration fee of Rs.1500(One Thousand and Five Hundred only)
through DD/Cheque Nodate.....drawn onBank
(mention the name of the bank).....Branch(mention name of the place).

AND

Please find enclosed Cheque/DD for Rs (.....
.....) being 30% of the student membership fee
in respect ofstudents (Mention number of students) through DD/Cheque No
.....datedDrawn onBank(mention the name of
the bank)Branch(mention name of the place).

Yours faithfully

Name, Signature and Designation
Seal of the College/Institution

Please note: - All Cheques and DD's should be drawn in favor of General Secretary, Indian Red Cross
Society, Karnataka State Branch, and Payable at Bangalore.