



REGISTRATION NO. 217/4/3410

ALL INDIA NON-POLITICAL ORGANISATION

# CONSUMER RIGHTS ORGANISATION - INDIA



**Head Office :** 204, 2nd Floor, Ganpati Complex, Rangpur Road, Near Flyover, Kota - 324002

**Call :** +91 97998-73495, +91 83022-76737

**E-Mail :** info@croindia.org | **Website :** www.croindia.org

## MEMBERSHIP FORM

Paste Your  
Passport Size  
Latest  
Photograph

I want to take the Membership of the **Consumer Rights Organisation** for which I am depositing the **Non-Refundable/Transferable Membership Fee**. Therefore, kindly register me as Membership of the Organisation.

I here by declare that I am ready to abide by the rules and sub of the Consumer Rights Organisation in their present/current form or when updated from time to time. The Information given by me in this form is correct & I am wholly responsible for its correctness. I shall be responsible for unconstitutional or anti social work committed by me. I promise to be loyal to wards the mission of the Organisation and would follow all those rules and regulations that are given to me by Organisation to fulfill its mission. Automatically termination in case of any Mis Behavior or using abusing language to anyone/anti Organisation activities/Inactive/Non Performance/Criminal/Forgeries found against me.

Becoming member of this Organisation, I give my full consent to use my name and photograph in any promotional activities/ materials and Websites/FB etc related with the Organisation. The necessary details related me are as follows -

( FILLED IN CAPITAL LETTERS ONLY )

1. Name \_\_\_\_\_  Male  Female
2. S/o & W/o Name Sh. \_\_\_\_\_
3. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_ Mobile \_\_\_\_\_
4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail \_\_\_\_\_
5. Qualification \_\_\_\_\_ Enclosed ID -  AADHAR  DL  OTHERS \_\_\_\_\_

For all UPI App 1 QR accept payments direct to CRO Bank Account



# Incomplete Form will not be accepted.

Age above 18 Yrs. only.

FEE / CHARGES (Pls. Tick ✓)

- |   |        |
|---|--------|
| <input type="checkbox"/> BLOCK / DISTRICT       | 2000/- |
| <input type="checkbox"/> REGION / METRO / STATE | 3000/- |
| <input type="checkbox"/> RENEWAL                | 1000/- |
| <input type="checkbox"/> KIT                    | 500/-  |

BANK/ONLINE TRANSFER ONLY

A/c. Name : **Consumer Rights Organisation**  
A/c. No. : 39814252809  
IFS Code : SBIN0001838  
Bank : State Bank Of India

Bank & Others Transfer details \_\_\_\_\_  
Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT SIGNATURE

**MSME**

MICRO, SMALL & MEDIUM ENTERPRISES  
सूक्ष्म, लघु एवं मध्यम उद्यम

**UDYAM-RJ-24-0003238**



RECOMMENDATION BY -

Applicant Name \_\_\_\_\_  
Applicant for the Post of \_\_\_\_\_

INTRODUCER NAME \_\_\_\_\_ Introducer Sign. \_\_\_\_\_