

National Organization Against Crime & Corruption

Office.: H.No. 837, 4th Floor, I Block JJ Colony, Near Walmikki Mandir, MANGOLPURI Delhi. 110083
Legal Office.: H.No.: 10, Block A2, Khasra No. 686, Ranapark, sirasaur Delhi. 11042
Website.: www.vaccindia.org.
E-mail: vaccindio43@gmail.com
Legal Cell.: 9810307554. Women Cell: 8884232549

Website: www.vaccindia.org. Helpine No.: 9958204300, 9538051947

Signature with Stamp

सरकार द्वारा मान्यता प्राप्त संस्था	राजस्टशन न. १७१/२०१९
Ref No	Dated
(CHARACTER C	ERTIFICATE)
I Certify that Mr./ Mrs./ Smt	
S/o D/o W/o	
Resident of: H.No Street No	
Village:Post Office	
Police StationDistrict	
StatePin	Date of Birth
Contact Number: Phone	Mobile
His/Her Character is	
I. There is no criminal civil case against him/her.	
2. He/ She has no Relation with any social working Par	rty/ Organisations.
3. I am fully satisfied with his/ her character.	
Date:	
Place:	Applicant Signature
Verification By Loca	l Police Authority
Date:	
Police Station:	SHO/Police Post in charge

Regd. No.: 171/2019

Regd. By Govt. of India

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Form =Rs. 10/-

	APPLICATION DESCRIPTION	PERSONAL DE	SCRIPTION	
lama (l	n full) :	Male Married 1	ndian NRI	
			Sationality	
o, D/o	W/o:		Age:	
11		Education Qualification:		
ur na	me, as you woud like to appear on card (Please leave one black space between ea	name)	nateGraduate:	
Present Address :		Other Specification: Height, Blood Group.		
		THE RESERVE OF THE PROPERTY OF	4 Section 2010 Company of the Compan	
		Colour of Hair:		
		Identification Mark:		
	e :Phone/ Mob / Fax :			
		SOCIAL ACTIVIDES		
Permanent Address :				
		You are interested for freelance jo as a Reporter/ Writer/Correspond		
		Special Correspondent/Press Pho	CONTRACTOR OF THE PARTY OF THE	
n Cod	e :Phone / Mob / Fax	Languages Known? Speak	Read Write	
	ABOUT YOUR PROFESSION	1) Hindi		
u are		2)English		
	pecify)	Other Specify Was the applicant ever convicted?		
	any one of the following : Id. Proof : Ration Card / Voter Card / Driving Licence	If so, give details		
		The state of the second state of the second	entransis de la constitución de la	
sspor	t / Pan card etc	REFER	REFERNECE	
		Your close Friends/Relatives (Nam	e, Address and Phone)	
Office Name & Address		- 1		
		Ph/Mob		
in Cod	ePh/Mob/Fax			
ebiste	Email	Ph/Mob		
	DECLARATION OF		NAME OF THE OWNER OWNER OF THE OWNER	
Moral any th action : I do thinki	ersiged hereby declare and affirm and that I have read and understood the rules are ly and Socially with these terms. That I owe allegiance to the sovereignty ing or act against the rules of VOICE AGAINST CRIME AND CORRUPTION at as deemed fit and proper by the competent authority and in such an even bereby confirm that the contents given above are correct and true to the bing myself eligibile to become the VACC member. I request you to grant me the rim enclosing herewith Bank Draft/Cheque/M.O./Postal Ord	d integrity of the Indian Nation in its I I am found guilty of any such crime, I shall lly the management deserve the right to of my knowledge and belief and oath has bership of VOICE AGAINST CRIME AND	argest interest. That won't be ready to face any disciplin dispense with my members been concealed thereof. He CORRUPTION at your earl	
CATEGORY	Office Fee	Member fee		
	Branch Registration Renewal	Member Registrati	on Renewal Lifetin	
3	District office	anchayat Level 1500/-	750/- 7000/-	
П		Block Level 3000/-	1500/- 12000/-	
5	THE R. P. LEWIS CO., LANSING MICH. 400 P. LEWIS CO., LANSING MICH.	District Leve 6000/-	4000/16000/	
81	Retired IAS, IPS & Judge Life Time	State Level 9000/- 20000/-	5000/- 23000/-	
_	Retired 1AS, 11'S & Judge Life Time	National Level 20000/- 7000/- 28000/- Signature of the Applican		
	office use only). Card No			
Spec	imen Signature of the Applicant in 3 Boxes			
Place				
Date				