

HANDING AND TAKING OVER CHARGE FORM

Office Bearers Reporting Form for Local Branches for the year.....
(One copy each to be sent to Hqrs., Journal Office and State Branch)

Form-B

Name of the Branch _____

Under IMA/Uttaranchal State Branch.

Strength of the Branch _____

Date of election meeting _____

Date of Installation of New Team _____

Name and Address. of the President with Tel.No. Fax. & E.Mail Id. _____

Name and Address. of the Secretary with Tel.No. Fax.& E.Mail Id. _____

Name and Address. of the Treasurer with Tel.No. _____

Name and Address. Central Council Members. _____

Name and Address. State Council Members. _____

_____ ALTERNATE MEMBERS _____
_____ ALTERNATE MEMBERS _____

Signature of Outgoing Secretary

Name Of Outgoing Secretary
