



# यूनिफाईड मानवाधिकार परिषद UNIFIED HUMAN RIGHTS COUNCIL

A Worldwide Non-Profitable, Non-Government organization  
(Incorporated Under The Legislation Of Government Of India )  
(Co-operated By United Nations Agencies USA)

Approved by  
भारत सरकार  
GOVERNMENT  
OF INDIA

Recognized by  
United Nations

**Regd Office:** Flat No 105, A'Wing Building No 7, New Kon Complex Kon 421301 ,Thane, Maharashtra INDIA  
Contact No: +919623786662 Email: uhrcofficial@gmail.com Website: www.uhrcofficial.org

Please affix  
Passport Size  
self attested  
Photograph

## Membership Application Form

Application No. :  Membership No. :

I, ..... want to  
become a member of UNIFIED HUMAN RIGHTS COUNCIL (UHRC) with the  
Payment of Subscription amount I will abide by all the existing rules, regulations, sub-rules  
any amendment, modification or additions done by the UHRC.

SIGNATURE /  
THUMB IMPRESSION

### My Details as below :

Name

S/o/Do/W/o

Date of Birth         Country:

E-mail  Mobile No.+91

Aadhaar No.  Passport No.

Sex Male ☐ Female ☐ Other ☐

Education Qualification Below matric ☐ Matric/10+2 ☐ Graduation/PG ☐ Professional ☐

Occupation Service ☐ Farming ☐ Business ☐ Student ☐ Profession ☐ Housewife ☐ Others ☐

Permanent Address

City  District

State  Pincode

Blood Group

Membership of any other organization : If, yes give detail - Name, address etc

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Website : www.uhrcofficial.org Email: Info@uhrcofficial.org / uhrcofficial@gmail.com [w](#) NGO Head Office NO: +919623786662

## MEMBER'S POST | DESIGNATION IN THE SOCIETY / UNITS

The Member of the Organization will be appointed on the POST according to his qualification and capability to serve the Community. The unit members can get the Post in a Ward, Taluka, District, City, States, in all over India, as President / Chief Observer / Observer / Chief reporting officer / Reporting Officer / Chief Co-ordinator / Co-ordinator / Executive President / Vice President / Chief Secretary / Joint Secretary / Human Welfare Sec. / Minority Welfare Sec. / Women Empowerment Sec. / Administrative Sec. / Information Secretary / Crime Monitoring Sec. / Vigilance Secretary / Organizing Secretary / Legal Advisor, etc.  
It may be decided by the Board of Directors

### Bank Account Details For Membership Fees/Donation

**Bank Name: KOTAK MAHINDRA BANK**

Account Holder: UNIFIED HUMAN RIGHTS COUNCIL

Account Type: Saving Account

Account Number: 8147163251

IFSC Code:KKBK0001417, Branch Code: 1417

Branch: Kalyan-Khadakpada (Mumbai)

**UPI ID : uhrcindia@kotak**

**(Registered Name- Unified Human Rights Council)**

**Note: For More Details Contact**

**+919623786662**

[info@uhrcofficial.org](mailto:info@uhrcofficial.org) [Director@uhrcofficial.org](mailto:Director@uhrcofficial.org)

Cheque ☐

Cash ☐

Online Transaction ☐

DD ☐

Amount Rs.

**Declaration  
by  
Applicant**

I declare that, I am of sound mind, not-tunatic, above 18 years of age and a resident / non resident of India. The declaration is made by me is correct and I have been explained everything related to the membership in the language known to me.

Signature of Applicant

### Documents required to become a Member of Unified Human Rights Council (UHRC)

PAN CARD

DRIVING LICENCE

BANK PASSBOOK WITH PHOTO

VOTER ID CARD

ADHAR CARD (UID)

PASSPORT

☐  
☐  
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### OFFICE USE

Applicant Name :

Membership Number and Post:

Valid Till :

Certificate Number : (Renew only)

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**Website :** [www.uhrcofficial.org](http://www.uhrcofficial.org) **Email:** [Info@uhrcofficial.org](mailto:Info@uhrcofficial.org) / [uhrcofficial@gmail.com](mailto:uhrcofficial@gmail.com)  **NGO Head Office NO:** +919623786662

## Regulation Duties | Activities of Units

### ACTIVE MEMBERS - WARD, TALUKA, DISTRICT & STATE AND ALL MEMBERS OF UHRC

1. To Plan the ways and means to implement various activities to achieve the Aims & Objectives at national level.
2. To plan and implement activities (only with prior approval of Director of UHRC) which are not listed in aims objects of AIAC.
3. To enroll new primary members from time to time according to the guidelines and directions laid down by the UHRC with due approval of the Director of UHRC.
4. To generate income from various sources such as. Donations, Publications, Memberships, Subscriptions, Other Sources.
5. The units should send a by-monthly report to the Director Body regarding. Various activities undertaken in last 2 months. Funds generated from various sources. Profile of future activities.
6. The unit has to work whole-heartedly to increase the membership of UHRC & organize various activities to achieve the aims & objectives of the UHRC.
7. The unit shall get the membership form filled by new proposed members & send it to the Director Body of UHRC for its approval along with his/her bio-data with photograph & residential proof.
8. Membership forms are solely printed & distributed by the Director Body of UHRC.
9. Unit shall send reports to the Director Body about any social & legal problems faced by local people.

### TERMINATION, CESSATION FOR FUTURE OF MEMBERSHIP

The Director body of the UHRC shall have the power to expel / terminate a member or / and members, from the membership of UHRC, on the following grounds; a) on his / her death:

1. On written resignation
2. If found to be involved in any anti-social activities
3. If adjudged by any court of law to be a criminal offender
4. If member works against the aims and objects of the society
5. If failing to pay the up-to date membership subscription within one month of the due date
6. If disregards rules and regulations or disobey the decisions of the Director body

Name : .....

Place : .....

Date : ...../...../.....

Signature of applicant/Thumb Impression

#### UHRC Approved and Recognized by

Ministry of Corporate Affairs, Ministry of NITI AAYOG, Ministry of MSME, Ministry of MJSE, Ministry of Labour and Employment, Ministry of Finance, Ministry of Commerce and Industry, Ministry of Electronic and Information Technology, Ministry of Tribal Affairs, Government of India

An ISO 9001:2015 Quality Management System With International Accreditation Forum Certified Organization

United Nations Partner Portal (UNPP), United Nation Global Marketplace (UNGGM) United Nation Global Compact (UNGC)

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## Terms & Conditions for Member

1. Only the Director and authorize Person has the authority to appoint a person on any position, others can only refer or recommend to him and If the membership is not approved by the Director of the UHRC, the reason for the refusal shall be communicated to the person / applicant concerned.
2. The application should have applied for member writing through the specified application form.
3. The member must be minimum of 18 years of age.
4. The organizing Membership Committee/Authorize Officer of Unified Human Rights Council-UHRC reserves rights to accept or reject any application.
5. I/WE hereby confirm that above mentioned information east to and correct to the best of my knowledge and belief and I understand and agree that the payment under consideration is contribution for life time membership/ one year membership is non-refundable.
6. I never be involved any legal / unlawful activities inside the country or elsewhere.
7. Unified Human Rights Council-UHRC has right to cancel / modify / update my membership any time anywhere.
- 8.I found guilty or irregularities I am bound to follow UHRC norm till my membership.

### **NOTE: The decision of the Director of shall be final and binding**

Name : .....

Place : .....

Date : ...../...../.....

Signature of applicant/Thumb Impression

## Declaration by Authorized Officer

1. I have physically verified the relevant documents and all the particulars of Member application form

Mr/Mrs/Miss (Name) \_\_\_\_\_

Dated \_\_\_\_\_

2. It is Certified that all rules and Regulation of the UNIFIED HUMAN RIGHTS COUNCIL-UHRC, have been explained to application in local and understandable Language.

Office Stamp & Signature of Authorized Officer

Name

Designation

This to confirm a duly filled Membership Application Form along with Fees/Donation has been submitted by

Applicant Name :

Membership Number and Post:


Valid Till :

Date :  (Signature of Receiving Authority)

Place :  Name :

Designation :

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