

Form - Certificate and Membership from CENTRAL VIGILANCE COMMISSION

:: Contact Person Details ::

Name *	<input type="text"/>
Address *	<input type="text"/>
Email *	<input type="text"/>
Phone No *	<input type="text"/>

CERTIFICATE DETAILS

Certificate Type *	<input type="text" value="- select -"/>
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APPLICANT DETAILS

Applicant Name *	<input type="text"/>
Date of Birth * (e. g. dd-mm-yyyy)	<input type="text"/>
Gender *	<input type="text" value="- select -"/>
Designation in Organization *	<input type="text"/>
Mobile Number *	<input type="text"/>
E-Mail Id *	<input type="text"/>
State *	<input type="text"/>
District *	<input type="text"/>
Pin No *	<input type="text"/>

Identity Proof No * (Any One - Pan No/Passport No/Votar Id No/Other Id No)	<input type="text"/>
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ORGANIZATION DETAILS

Name of Organization	<input type="text"/>
Pan No of Organization	<input type="text"/>

SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsored Name *	<input type="radio"/> Yes <input type="radio"/> No
If Yes, Give the Sponsored Username	<input type="text"/>