



Institution of Government Approved Valuers

(Registered under the Societies Registration Act XXI of 1860)

307, 3RD FLOOR, F - 14, F - BLOCK, MIDDLE CIRCLE, CONNAUGHT PLACE, NEW DELHI-110001

Mobile No.: 98110-39706, 9891713750, 011-47472343

APPLICATION FOR ENROLMENT AS FELLOW, MEMBER, ASSOCIATE MEMBER OR TRANSFER TO HIGHER CATEGORY

1. **Full Name** :
2. **Father's/Husband's Name** :
3. **Date of Birth** :
4. **Profession & Designation** :
5. **Residential Address Tel: Mobile** :
6. **Office Address** :
With Pin Code No. :
Tel & E-Mail :
7. **Educational & Professional Qualifications**
(Starting with Senior Secondary/Matriculation)

| S.No. | Name of Examination Passed | University/Board | Year of Passing |
|-------|----------------------------|------------------|-----------------|
| | | | |

(Please attach a photo copy of Degree/Certificate of Graduation & higher qualifications)

8. **Registration No assigned under** :
Wealth Tax Act by the Government
(Income Tax Depth). Attach a copy of
Registration.
9. **If empanelled as Valuer by any public** :
sector bank or any govt. or public
authority, undertaking or enterprise or
local body, attach a copy of the empanelment.

10. If in or retired from a govt. service or service of any public authority, undertaking, enterprise or local body attach document showing the service and length of service.

11. Membership of other professional institutions, if any.

12. Experience:-

| Period | Name of the Employer & Position | Nature of Duties |
|--------|---------------------------------|------------------|
| | | |

13. Valuation assignment if any carried out

| Year of Valuation | Name of the Client | Name of the Valuation Work | Valuation fee charged |
|-------------------|--------------------|----------------------------|-----------------------|
| | | | |

I here by apply for the membership of the Institution of Government Approved Valuers. I have read the Aims & Objects, Rules & Regulations and I hereby undertake to abide by them and also the decisions taken by the Institution and its National Council from time to time. I further undertake to work actively and to the best of my ability & capacity for realization of the Aims & Objects of the Institution.

Dated

(Signature of the Applicant)

FOR OFFICE USE ONLY

Date of approval of membership of the Institution and name of the approving authority

Category of the Membership and Membership No.

SIGNATURE