

Chapter 13- MADRAS

REGIONAL GRAND CHAPTER OF SOUTHERN INDIA

Notice Under Rule 75, BoC

Issued by Chapter 13- MADRAS

Notice No.R75-0192-0013

EXTRACT FROM THE AMENDED RULE 75 OF THE BOOK OF CONSTITUTIONS "Should the subscription of a member of a Chapter remain unpaid for one full year at the expiration of the period, he shall cease to be a member of all Chapters, provided such a member has been duly served with a notice by registered post with acknowledgement due / email of being in arrears of the subscription amount and the member fails to make payment within thirty days of receipt of the notice"

Date : 31-08-2024

Dear Comp. RAKESH CHAND SWAROOP

RGLSI ID : TN-CH-192-0262

You have dues in Chapter 13- MADRAS and it is requested that you settle the same within 30 days of receipt of this notice or you will cease to be a member u/r 75 of the BoC of the Grand Chapter Of India

Dues as per Chapter records - Rs.2875

Years in Default 3 Years

Zerubbabel

KONDAYAMPETTAI VYAKARNAM
SRIDHARAN

sridharanhorizon@gmail.com

9240055075

Scribe

POTHURU JALAJAH RAMANUJAM

pothurur@gmail.com

9240455545

Treasurer

RAJAGOPALAN GANESAN

9003025242

This form has been generated through a secure login on RIGAL (www.rigal.org.in) on 31-08-2024 11:13 am

RT106772077N DR-226016072047
R. ETHEKAI SALAI (GOMAR)
Counter No:14/19/2024,11:45
Indirajesh CHAND SWAROOP 2
POTURUR, Vengalpet, India
Franch 1 KANDAM, 50 OLD NO 1
WIC/2024 Act Franch, REG-17.0
Indirajesh, 30, Indirajesh, Indirajesh (Gommar)
Check on www.indirajesh.org.in

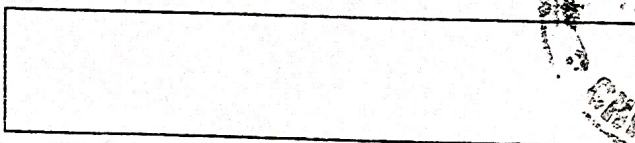


आर.पी.-54—(एस)
R.P.-54—(S)

भारतीय डाक विभाग
DEPARTMENT OF POSTS, INDIA



प्रेषक डाकघर
की नाम मोहर
Name stamp of
office of posting



तारीख-मोहर

Date-Stamp

भेजने वाले

का पता

Sender's

Address

P. J. Ramanujam,

Greenilayam, New 51, Old 1, Valluvar St,

Krishna Murari Nagar, Reddingayam

Chennai

पिन/PIN

600118

GMGIPN—149/PSD/CHENNAI/2022—20,00,000 Loose

प्राप्ति स्वीकृति (रसीद) ACKNOWLEDGEMENT

* एक रजिस्ट्री पत्र/पोस्टकार्ड/पैकेट/पार्सल प्राप्त हुआ
बीमा

* Received a Registered Letter/Postcard/Packet/Parcel
Insured

पाने वाले का नाम

Addressed to (Name)

† बीमा का मूल्य (रुपयों में)

† Insured for Rupees

वितरण की तारीख /Date of delivery 20

* अनावश्यक को काट दिया जाए।

* Score out the matter not required.

† केवल बीमा वस्तुओं के लिए।

† For Insured articles only.

पाने वाले के हस्ताक्षर/Signature of addressee