



# Grand Lodge of India

Form under Rules 135, 136 & 139 of the Book of Constitutions

Application for Membership of Lodge POLLACHI No.376



| Name in Full                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Logesh Sundaresan                                                                 | We the proposer and seconder of the candidate certify that<br>1. Candidate has been personally known to proposer for <u>10</u> years<br>2. Candidate has been personally known to seconder for <u>5</u> years<br>3. The Candidate is a man of good reputation, and well fitted to be a member of this Lodge<br>4. To the best of our knowledge, information and belief, the statements made by the Candidate on this application form are true and correct<br>5. Do you accept responsibility for encouraging him to make his membership effective ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |        |                |            |     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | R.A.I Hardware, 304, Market Road, Pollachi. 642001. Pollachi, Tamil Nadu - 642001 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                |            |     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date of Birth / Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 05-03-1987 / 36                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                |            |     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Profession or Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Business                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                |            |     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>To be filled by the Candidate for Initiation only</b><br>Have you ever been proposed for membership in any Lodge, or has your admission to any Lodge ever been sought either by yourself or any one on your behalf? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Give the name and number of any or every such Lodge<br>I desire to become a Candidate for initiation in and membership of <b>Lodge POLLACHI No. 376</b> and I declare that:<br>1. My application is entirely voluntary<br>2. I do not expect or anticipate any pecuniary benefit as a consequence of my being a member of the Craft<br>3. I am not and have not been in any way connected with any organization which is quasi- Masonic, imitative of Masonry or regarded by the Grand Lodge of India as irregular or as incompatible with the Craft *<br><table border="1"> <tr> <th colspan="3">To be filled up by Candidate for JOINING or Re-JOINING only</th> </tr> <tr> <th>Lodge Name</th> <th>No.</th> <th>Date of Initiation</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> |                                                                                   | To be filled up by Candidate for JOINING or Re-JOINING only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                | Lodge Name | No. | Date of Initiation |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  | <b>Name and Address of Proposer</b><br>Bro. GANAPATHYPALAYAM DORAISWAMY<br>TN-CM-172-0260<br>#17/2, NALLAPPA STREET,, POLLACHI .,Pollachi,tamilnadu - 642002<br><b>Signature of Proposer</b><br><br><b>Name and Address of Seconder</b><br>Bro. SIVARAMAN VENKATESH<br>TN-CM-172-0273<br>B.G. & Co 191Theppakulam Street, Pollachi.,Pollachi,tamilnadu - 642001<br><b>Signature of Seconder</b><br> |
| To be filled up by Candidate for JOINING or Re-JOINING only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                |            |     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Lodge Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No.                                                                               | Date of Initiation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                |            |     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Name and No. of all the Lodges of which you are, and at any time have been a member, the year of admission and the rank you held therein.<br>If joining from another Grand Lodge, the name must be clearly mentioned<br>The Candidate's Grand Lodge Certificate as well as the other certificates mentioned in Rule 138, Book of Constitutions, must be produced.<br><table border="1"> <tr> <th>Lodge Name &amp; No</th> <th>Status</th> <th>Date of Status</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <div style="border: 1px solid black; width: 150px; height: 80px; margin: 10px auto;"> </div> <p style="text-align: center;">Signature of Candidate (Initiation, Joining or Rejoining)</p> <p style="text-align: center;">Date : <u>10-06-2023</u></p> <p><small>* These certificates should be returned after inspection to the Candidate by the Secretary of the Lodge</small></p>                                                                                                                                                                                    |                                                                                   | Lodge Name & No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Status | Date of Status |            |     |                    | <b>Certificate of Master</b><br><b>To be read in open Lodge immediately before the ballot is taken</b><br>I have made due enquiry with regard to the character and qualifications of the above mentioned Candidate and certify that in my opinion and the opinion of a Committee of the members of the Lodge, he is a fit and proper person to be admitted as member of <b>Lodge POLLACHI No.376</b><br>Worshipful Master<br>Signature<br><br>Date <u>10-06-2023</u><br><b>Certificate of Secretary</b><br><b>To be read in open Lodge immediately before the ballot is taken</b><br>I certify that the application for membership and the proposal were read in open Lodge immediately before the Ballot was taken and that the Candidate was initiated / became a joining or a rejoining member of this Lodge<br>Secretary<br>Signature<br><br>Date <u>10-06-2023</u> |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Lodge Name & No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Status                                                                            | Date of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                |            |     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |
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| This form (properly filled up) is to be handed to the Secretary of the Lodge previous to the meeting at which the proposition is made, on which occasion sufficient particulars of the Candidate are to be stated in order that those present may be enabled to identify him.<br>It must be forwarded with the certificates of the Master and the Secretary, duly signed to the Grand Secretary for filing WHEN THE REGISTRATION FEE IS PAID. In Regions, a duplicate must be forwarded with the Annual Returns to the Regional Grand Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                |            |     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |
| Proposed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 08-04-2023                                                                        | Balloted on <u>10-06-2023</u> Date of Initiation <u>10-06-2023</u><br><p style="text-align: center;"><small>This form is generated on REGAL on 05-06-2023 12:03 pm</small></p>                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                |            |     |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                     |