



## Grand Lodge of Mark Master Masons of India

Application for Admission to Membership of

### Mark Lodge ERNAKULAM No.93

To be filled up by ALL Candidates

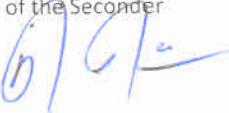
Name in Full	SREERANGANATHAN JAYAKUMAR DR.
Address	DENTAL CARE CENTRE H.NO.269 GIRINAGAR KOCHI, KERALA - 680 020
Date of Birth / Age	10-11-1975 / 49
Profession or Occupation	DENTAL SURGEON

To be filled up by Candidates for Advanced only

Give Name, Number and Constitution of Lodge / Lodge of which you are, and at any time have been a member, Certificate of good standing from all such Lodge , as well as your Grand Lodge of Mark Master Masons Certificate, must be produced.\*.

Give Name, Number and Constitution of Lodge in which Initiated, and DATE of Initiation.	SUSRUTA , 298 & 22-07-2005
Give Name, Number and Constitution of Lodge in which raised, and DATE of Raising.	SUSRUTA , 298 & 26-02-2006
GLC No. and Date of Issue	&

(\*These Certificates should be returned to the Candidate after Inspection by the Secretary of the Mark Lodge)

Date 26-11-2024	Signature of Candidate (Advanced, Joining or Re-Joining) 
Name of the Proposer W.Bro. CHERRY CHERIAN KOVOOR	Signature of the Proposer 
Name of the Seconder R.W.Bro. PREMJIT NAGENDRAN	Signature of the Seconder 

#### Certificate of Secretary

I certify that the above application was read in open Mark Lodge immediately before the ballot was taken

Candidate was balloted in this Mark Lodge on



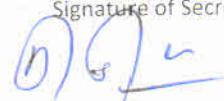
Candidate was advanced/rejoined/joined in this Mark Lodge on



Name of Secretary

R.W.Bro. PREMJIT NAGENDRAN  
9447059331  
premjitnagendran@gmail.com

Signature of Secretary



#### NOTES

1. This form is to be handed over to the Secretary of the Lodge previous to the Convocation at which the proposition is to be made.
2. After Completing his certificate above. the Secretary will retain the Application as a permanent record of the Lodge.