

**Department of Cooperation
Government of Meghalaya
Application for Registration of Cooperative Society**

Society Information

Apply Service To *	
<input type="radio"/> District Office <input type="radio"/> Sub Divisional Office	
District : *	Sub-Division : *
<input type="text"/>	<input type="text"/>
Name of Cooperative Society : *	Block Name : *
<input type="text"/>	<input type="text"/>
Type of Cooperative Society : *	Date of Formation : *
<input type="text"/>	<input type="text"/>

Secretary's Information

First Name : *	Middle Name :	Last Name :
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender : *	Date of Birth : *	Category : *
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Third Gender	<input type="text"/>	<input type="text"/>
Mobile Number :		
<input type="text"/>		

President's Information

First Name : *	Middle Name :	Last Name :
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender : *	Date of Birth : *	Category : *
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Third Gender	<input type="text"/>	<input type="text"/>
Mobile Number :		
<input type="text"/>		

Correspondence Address of Cooperative Society

Village/Town *	Locality/Landmark	District : *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office : *	Police Station : *	Pin Code : *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Infrastructure

Whether Office Available : *	Whether Godown Available : *
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Other Information of the Cooperative Society			
No. of Members in Cooperative Society : *	No. of Male : *	No. of Female : *	No. of Others :
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area of Operation : *	Language in which account will be kept : <input type="checkbox"/> English <input type="checkbox"/> Khasi <input type="checkbox"/> Garo <input type="checkbox"/> Hindi <input type="checkbox"/> Others	Admission fee : <input type="text"/>	Nominal Face value of one share : <input type="text"/>
<div style="border: 1px solid black; padding: 5px;"> <p>Declaration</p> <p>I hereby declare that all the particulars furnished in this application are correct to the best of my knowledge. I shall be held responsible for any incorrect information.</p> </div>			
<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>			