Date: dd-mm-yyyyy

То		
The President,		

Bharatiya Jain Sanghatana, Pune

Subject: Request for an NOC to install BJS Chapter - << Name of the Chapter>> and Required Undertaking Dear Sir,

We, the undersigned, are pleased to inform you that we have come together to confirm the BJS chapter formation. The details are as follows:

Chapter Name:						
Chapter's Geographical Area of Operations:						
Location / Locations from the City:	< <name list="" location="" locations="" of="" or="">></name>					
Which are located in	City:					
	District:					
	State:					
OR						
Village / Villages:	< <name list="" of="" or="" village="" villages="">></name>					
	Tehsil:					
	District:					
	State:					
We propose to have our re	egistered office at / the address for all further correspondence:					
Chapter Name:						
Address Line 1:						
Address Line 2:						
City/Village:						
Tehsil:						
District:						
State:	Pin:					

Please find attached a list of _____ individuals who are going to be the members of this chapter at the time of chapter installation (Enclosure 1: List of Chapter Members as of <date: dd/mm/yyyy>>).

We assure that we will abide by the constitution and are committed to fulfill the objects along with contributing in all the responsibilities that will be bestowed on us on time to time by BJS Trust, HO, NEC, BJS State Executive Council of our State and BJS Region/District Executive Councils of our concerned Region/District.

We, the following persons being desirous of forming this chapter, request you to grant us a No Objective Certificate to form this chapter and to use Bharatiya Jain Sanghatana's Name and Logo in artifacts of our chapter.

1	Full Name:			
	Address:			
			Pin:	
	Courte et No.	0		
	Contact No:	Occupation:		Sign:
2	F II VI			
	Full Name:			
	Address:			
			Pin:	
	C () () (
	Contact No:	Occupation:		Sign:
3	Full Name:			
	rutt Name.			
	Address:			
			Pin:	
	Contact No:	Occupation:		۵.
	Contact No.	Occupation:		Sign:
4	Full Name:			
	Address:			
			Pin:	
	Contact No:	Occupation:		.
	Contact No.	Оссираціон.		Sign:
5	Full Name:			
	Address:			
			Pin:	
	Contact No:	Occupation:		Cian.
		- Coapacioni		Sign: