



Membership Form

NATIONAL CRIME INVESTIGATION BUREAU

(A Legally Registered Non-Governmental Organization)

Ref By :

Xerox Copy of Form Acceptable

Website : www.ncib.in

Email: info@ncib.in

Helpline - +919792580000

To,

The HR Officer,

National Crime Investigation Bureau

Opp: Civil Court, Main Lucknow Road, Gonda, UP, India – 271001

Please enroll me inUnit.

My Particular are as below: **USE CAPITAL LETTERS**

Name :

Father's Name :

Date of Birth :

Education Qualification :

Mailing Address :

Post : District :

StatePin Code.....

Nearest Police Station:

Mobile : WhatsApp :

E-mail (Capital Letters)

Cheque/ Draft/ UTR/ UPI Transaction No Amount:

Bank and Branch Name:

Emergency Contact Persons Name:

Relation: Phone/ Mobile:

Date :

Place :

Photo

Self Attested
Cross Signature
Required on Photo

Rules & Regulations of NCIB

1. The Members and Officers of NCIB work on a voluntary basis and receive no payment. Enrolment is non-transferable, and once the fees is paid, it is non-refundable.
2. Any kind of misbehavior or misconduct may result in the rejection of NCIB enrolment. All disputes are subject to the jurisdiction of Gonda.
3. NCIB will not be responsible for any misuse of the identity card issued to members during their membership period.
4. On expiry, the identity card must be submitted to the HR Office. After expiry, renewal within 30 days is mandatory for regular membership.
5. In case of any change in address or mobile number, the member must inform the HR Office by email.
6. In case of loss of the identity card, the member must immediately inform the HR Office in writing along with a copy of the FIR and Aadhaar card.
7. All NCIB members must contact their respective District/ State Unit Officer at least once every month.
8. Applicants may use a photocopy of the application form, which will be duly acknowledged by the HR Office once received and properly filled in.
9. Strict action will be taken against any member found guilty of violating the rules and regulations of NCIB.
10. For any doubts, questions, or issues,

Important Information:

Members and officers are not authorized to collect membership fees or donations in any form. All payments must be made exclusively to the official NCIB bank account provided below. Cheques or bank drafts related to membership fees or donations must be issued only in the name of NCIB. Please do not give cash, cheques, or transfer funds to any individual's personal bank account under any circumstances. NCIB will not be responsible for any financial transactions made with individual members or officers.

Online Payment Link:

1A. General Member : <https://imjo.in/tMQ4q4>

1B. District Unit Officer : <https://imio.in/bawepb>

Minimum Qualification:

General Member : Intermediate

District Unit Officer : Graduation

Higher education and experience will be preferred.

Benefits For Membership

1. High-Security Identity Card
2. High-Security Appointment Letter
3. High-Security Membership Certificate
4. Free Legal Advice and Guidance
5. Online Membership Verification System
6. Periodic Online and Offline Training

All Members are required to submit their activity reports at the time of yearly membership renewal.

Bank Details:

NATIONAL CRIME INVESTIGATION BUREAU

Account No: 2481005500000290 IFSC: PUNB0248100

Bank: PNB Branch: Haripur (Gonda) UPI: ncibforce@upi

PLEASE DON'T GIVE CASH TO ANY MEMBERS OR OFFICERS.

Category	Donation Amount	P.A Renewal
1A General Member	Rs. 5000/-	Rs. 1000/-
1B Officer - District Unit	Rs. 15000/-	Rs. 1000/-
1C Officer – State Unit	CLOSED	CLOSED
1D Officer – National Unit	CLOSED	CLOSED

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Name and Signature of Attesting Authority

With office seal, Branch Code, and Unique Id number

(For NCIB Branch Office/ Member's use only)

For Office Use

Unique Id:

Designation:

Work Area:

Information Letter No:

Appointment Letter No:

Affidavit format

(For General Member / District Unit / State Unit/ National Unit Membership)
Affidavit on Stamp paper of Rs. 100/- attested by Notary Officer/ Magistrate.

Paste your
Photo
Photo attested by
Notary Officer

To,
The Chairman,
National Crime Investigation Bureau.
Opp - Civil Court, Main Lucknow Road, Gonda, UP, India - 271001

Dear Sir,

I [Your Full Name], S/o D/o W/o [Father's/ Husband's Name], **Resident of** [Your Full Address],
Applying for the membership of **National Crime Investigation Bureau (NGO)** do hereby
solemnly affirm and declare as under:

1. That I have voluntarily applied for membership in the National Crime Investigation Bureau (NCIB) and hereby undertake to abide by all rules, regulations, and terms prescribed in the NCIB membership form, online joining form, and as mentioned on its official website.
2. That I affirm I have no criminal history, and no criminal First Information Report (FIR) or court case is registered or pending against me before any judicial or law enforcement authority.
3. That I acknowledge NCIB is an organization working for the welfare of society and the nation. I further declare that NCIB shall not be held responsible for any illegal, unethical, or wrongful act committed by me.
4. That I have been duly informed by the NCIB Headquarters that no member or officer of NCIB is authorized to conduct investigations, inquiries, or raids. I hereby undertake that I shall not engage in any such activities at present or in the future.
5. That I fully understand that the primary duty of NCIB members is to provide information to the police and relevant government authorities regarding crimes, criminal activities, prevention of harassment against women, protection of human rights, and eradication of child labor.
6. That I undertake to present my Identity Card, Appointment Letter, and Membership Certificate whenever required by the competent authorities.
7. That I shall never misuse my membership or the Identity Card issued by the NCIB Headquarters for any personal, illegal, or unauthorized purpose.
8. That I have carefully read, understood, and accepted the terms and conditions governing NCIB membership and undertake to comply with them in full.
9. That I understand and accept that, in the event any information provided by me is found to be false, incorrect, or misleading, I shall be subject to legal action as per the laws of the land. Further, I acknowledge that the Chairman of NCIB holds the absolute right to cancel my membership without assigning any reason
10. That I am fully aware that the Chairman of NCIB reserves the right to reject any membership application without assigning any reason.

11. That I further acknowledge that the Chairman/Director of NCIB possesses the sole discretion to terminate, cancel, or suspend my membership at any time, without prior notice, intimation, or justification.

I, [Your Full Name], the deponent herein, do hereby declare and verify that the statements made above are true and correct to the best of my knowledge and belief, and nothing material has been concealed therein.

DEPONENT

(Signature)

[Your Full Name]

Verification

Verified at [Location] on this [Date], that the contents of this affidavit are true and correct to the best of my knowledge and belief. No part of this affidavit is false, and nothing has been concealed therein.

DEPONENT

(Signature)