



## A Scientific and Industrial Research Organization

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### MEMBERSHIP APPLICATION FORM

#### GENERAL INFORMATION

Name: <i>(In Block letters)</i>			
Father's name:			
Date of birth: <i>(DD-MM-YYYY)</i>	Sex: <i>(Male/Female)</i>	Nationality:	
Current address: Village/ town : P/O and P/S : District : PIN Code:			
Permanent address: City/Town/ Village: P.O: State: PIN Code:			
Mobile No:	Alternate Mobile No:	WhatsApp no:	
Email Id:	Alternative Email id:		

#### PROFESSIONAL INFORMATION

Profession/Occupation:			
Current Institute/Organization:			
Employer address (If Employed) City/Town/Village: P.O: State: PIN Code:			
Mobile no:	E-mail:	Fax:	
Educational Qualification:			
Other Qualification/Experiences:			
Field of Interest:			

#### EMERGENCY CONTACT

Name of the person to be contacted:		
Address:		Phone:
City/Town:	State:	PIN Code:
Relationship with the person:		

#### MEMBERSHIP DETAILS\* (PLEASE TICK AS APPROPRIATE)

LIFE MEMBER(Rs.5000/-)	GENERAL(Rs.100 for 1 YR / Rs.200 for 2YRs/ Rs.300 for 3YRs)
An amount of Rs. _____ (Rupees _____ _____ only) being sent by Cash/DD/MO/Account transfer/Cheque No. _____	
Dated _____ Bank _____.	
<i>N. B: Cheque /DD/MO should be in favor of "Aaranyak". Please add Rs.50/- for Outstation Cheque)</i>	

#### Membership Proposed by Aaranyak valid Member(Compulsory):

Full Name of the Member:					
Membership No:					
I will offer my voluntary Service to Aaranyak:	YES	NO	I agree to abide by the rules regulations of Aaranyak	YES	NO
Date:	Place:	Signature of the applicant:			

#### FOR OFFICE USE ONLY

Application Received By:	Date:	Membership No:	Valid Till:
Application Approved By:	Date:	Card Issued By:	Date: