

Membership Application Form

1.	Name of the Study Centre
2.	Registered Address
	PIN
3.	TelephoneMobile
4	Area of Study Centre
	Hand of the healtheties (Occured hea)
5. I	Head of the Institution (Owned by)
6. (Qualification of the Head of the Institution
7.	No. of Class Rooms
8.	Total carpet area (specify the area in Sq.ft)
9.	Total number of computer
	Enclose Passport Photo and (Photocopy of Driving License / Voter ID card), Photocopy of Trade

11. Demand Draft / Cheque Details:	
(a) Name of Bank.	
(b) DD/ Cheque . No	
I hereby certify that the contexts stated above are correct and true to my knowledge and belief and hereby confirm that our Organization / Society / Trust is free from any legal / official disputes whatsoever. I accept that any facts stated above. If found incorrect will automatically result in cancellation for nominations associate. However I will have no right whatsoever to fight/challenge legally against the judgment in any court of law. All disputes are subject to Krishnanagar (West Bengal) Jurisdiction only.	
Date:	
Place: Signature of the Head of Institution	