SHODH SAMAGAM RNI: CHHBIL/2018/77892

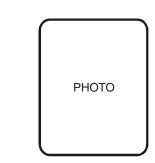
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## **Membership Form**

To,
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## **Details of Member**

Name of Institution/Organization/ Member
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Subject :
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State
Pin:
Contact No.1.
Contact No.2.
Mail id: 1
Mail id: 2
Fees Details
Required Journal Name:
Date Signature of the participant

Annual Membership Fee: Rs. 1400/- (For Individual), Rs. 3000/- (For Institution)

Note: Send Membership Form scanned copy & Deposited bank slip: shodhsamagam1@gmail.com, Any help please call on: 09425210308