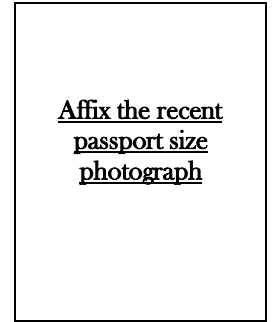


Individual Membership Form of Pramanit Foundation



I hereby desire to become the Member of the Pramanit Foundation and hereby apply for its membership.

(To be filled by applicant in his own hand writing)

Membership Applied for _____

- Annual Member
- Life Member

Primary Member's Information:

1. Name:
(a) Father's Name:
(b) Birth Date: Nationality: Blood Group:
(c) Residence Address:
..... City: Postal Code: State:
Mobile No.: Home Tel: Fax:
(please attach a copy of address proof)
(d) Email:
2. Academic Qualification:
3. Professional Qualification, if any:
4. Occupation:
5. Name of the Company/ Organization:
6. Nature of Business:
Office Address:
Tel Off.: Fax:
7. If you are a member of any other association/ foundation, mention the name of such association/
foundation, address & the year of acquiring its membership:
.....

8. Whether the applicant's application for membership of this Foundation was rejected or withdrawn at any time. If yes, give details:

9. Whether the applicant's application for membership was rejected or withdrawn at any other association/ foundation. If yes, give details:

I agree to abide by the Memorandum of Association and Rules & Regulations of the Foundation as in force from time to time and enclose a cheque/ bank draft No..... dated drawn on for Rs. (Annual fee..... + Lifetime fee Rs.)
(please attach copy of PAN card)

I further certify that the above information is true to the best of my knowledge and belief. The Membership is liable to be cancelled if the information furnished is found to be incorrect.

Date:

Place:

Signature of the Applicant

Signature of Proposer
(Membership No.....)

Signature of Seconder
(Membership No.....)

Membership fee

Category of Member	Annual Fee	Lifetime
Individual		
- Indian	INR 5,000	INR 25,000
- Foreigner	USD 250	USD 2,500

FOR OFFICE USE ONLY

Membership fee Rs.for..... received through
Cheque/ Demand Draft No..... drawn on (Bank) dated
.....

Membership Approved on Date:

Signature.....
(Authorised Signatory)