



**FACULTY CLUB  
INDIAN AGRICULTURAL RESEARCH INSTITUTE  
NEW DELHI - 110 012**

**Request for annual playing permission for Lawn Tennis/Badminton  
facility of the Faculty Club**

1. Name
2. Designation
3. Official Address

Phone:

E-mail:

4. Residential Address

Phone:

E-mail:

5. Type of membership desired (Please tick):

Regular (Life/Annual) Membership	<input type="checkbox"/>	Temporary Membership	<input type="checkbox"/>
Casual Membership	<input type="checkbox"/>	Associate Membership	<input type="checkbox"/>
Special Annual members	<input type="checkbox"/>		<input type="checkbox"/>

6. Fee details: Amount (Rs):

Date:

Cheque number:

Drawn on bank:

Certified that the above given particulars are true to the best of my knowledge and I undertake to abide by all the rules and regulations of the faculty club, IARI which are known to me.

(Signature of the Applicant)

Proposed and seconded by .....  
(Name and Signature with Membership number)

Recommendation of the Secretary, Faculty club: .....

Approval of the President, Faculty club

Date:

(Signatures)

- Cheques/DD must be drawn in favor of the Secretary Faculty Club, IARI, New Delhi  
Complete application forms with Employment/profession ID, prescribed fee and two family photographs must be submitted to the Dr Indu Chopra, Room no 250, Division of Agriculture Chemicals, IARI, New Delhi, 9953056972 (M)  
Email: tinaindu@gmail.com

- **Enclose self attested photocopy at least one of the following ID: Office ID card/PAN card/ Driving license/Adhaar card while returning the form.**