



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

Application Form for the Membership of the Faculty Club

1. Name
2. Designation
3. Official Address

Phone:

E-mail:

4. Residential Address

Phone:

E-mail:

Please affix your family photograph here and provide another photograph for issuance of faculty club identity card

5. Type of membership desired (Please tick):

Life Membership	<input type="checkbox"/>	Annual Membership	<input type="checkbox"/>
Special Annual members	<input type="checkbox"/>	Associate Membership	<input type="checkbox"/>

6. Details of Family

S.No.	Name	Age	Sex	Relation with the member

7. Membership fee details:
Date:

Amount (Rs):
Drawn on bank:

Cheque number:

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 by *Seconded
by.....

(Name and Signature with Membership number)

** Required for Associate and Special Annual Membership only*

Recommendation of the Secretary, Faculty club:

Approval of the President, Faculty club

Date:

(Signatures)

- Cheques/DD must be drawn in favor of the Secretary/Treasurer Faculty Club, IARI, New Delhi
- Complete application forms with Employment ID, prescribed fee and two family photographs
- To be submitted to Dr Vijay Poonia, Division of Agronomy, IARI, New Delhi, 7838205149 (M), Email: vpooniya@gmail.com