



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

**Registration form for Sporting/cultural activities**

1. Name of the ward
2. Date of birth:
3. Male/female
4. Fathers Name, designation and official address:

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

5. Type of membership desired (Please tick):

Regular (Life/Annual) Membership	<input type="checkbox"/>	Non member	<input type="checkbox"/>
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6. Details of the sporting/cultural activity for which registration is desired (please tick):  
Taekwon-Do/Dance/Abacus/badminton/classical music

(Signature of the ward)

(Parents signature)

Date: \_\_\_\_\_

For Details Contact: Dr Indu Chopra, Room no 250, Division of Agricultural Chemicals, IARI, New Delhi,  
9953056972 (M) Email: [tinaindu@gmail.com](mailto:tinaindu@gmail.com)



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