



# S.R.S.D. MEMORIAL SHIKSHA SHODH SANSTHAN AGRA, INDIA

Visit us at: [www.srsshodhsansthan.org](http://www.srsshodhsansthan.org)

(A Registered Educational & Social Organization vide Reg. No. 409/14)

H.Q.: 4/20, B 3, Shankar Colony, Near Police Line, Agra, U.P., India, PIN-282010

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## PERFORMA FOR INDIVIDUAL MEMBERSHIP

### Privileges as a Member of Organization

- ❖ As a member, you can participate in various activities, programs and projects carried out by the organization in different school, colleges and universities of India with 20 percent concession in the registration fee of the respective program.
- ❖ The Society has E-publication house as well as Offline publication including the National as well as International Journals with ISSN. All the members of society will be given 20 percent concession in the subscription charges of all publications (offline mode).
- ❖ Members can organize different innovative programmes at their places in collaboration with S.R.S.D.M.S.S.S., we will promote the programmes at national and international level. The Journals, Newsletters and annual report will contain the detailed information of Members, their achievements and the programmes organized by them.

**Mode of Payment: Cash/ DD/ Cheque**

**LIFE Membership Rs. 2000/-or 100 USD**

Please deposit the Membership fee in **ORIENTAL BANK OF COMMERCE, Tehsil Branch, Agra, U.P.-282010**

**The Account No. is: 52391131002074 & "IFSC CODE": ORBC0105239 OR You can also send the DD in favor of The Secretary, S.R.S.D. Memorial Shiksha Shodh Sansthan, Agra, payable at Oriental Bank of Commerce, Agra.**

DD No. ....Name of Bank:.....

.....Date: .....

Name (in Block Letters): .....

Gender: Male / Female Date of Birth: .....

Educational Qualification:.....

Designation:.....Name of Institution (with address): .....

.....Experience: .....

Residential Address: .....

City: ..... State..... Pin/Zip Code.....

Contact : Mobile No.....Landline No.....Email ID: .....

Areas of Interest to be served in: 1. ....

2. ....

I hereby solemnly affirm that the information provided in this document is true to the best of my knowledge. I will be abided by the rules and regulations framed by the Executive body of the Society headed by the President and Secretary.

Date: .....

Place: .....

Membership No . .....

(To be allotted by Office only)

Signature of Member

**Dr. S.B. Sharma**

**Founder President**

**Enclosures: Please enclose your Resume and two ID Proofs among ADHAR, PAN and DRIVING LICENCE.**