

Life Membership fee : Rs.3000/-(+18%GST) : Rs.3540/-
 Mode of Payment : DD only, in favour of I.S.T.E.
 payable at New Delhi

Phone : 26963431 , 26513542
 E-mail : istedhq@vsnl.net
 Website : www.isteonline.in



INDIAN SOCIETY FOR TECHNICAL EDUCATION

Shaheed Jeet Singh Marg, New Delhi-110016
 (Registered Under Societies Registration Act XII of 1860)

Paste your
 Colour Unattested
 photograph here

APPLICATION FOR LIFE MEMBERSHIP

- Note:
1. Please type or write legibly in CAPITAL LETTERS IN English only
 2. Please get the application recommended by a member of ISTE/ Head of institution.
 3. Leave one column BLANK between words/initials.
 4. WRITE YOUR NAME THE WAY YOU WANT IT ON THE CERTIFICATE. Use initials and limit name to only 20 characters.

PLEASE WRITE LEGIBLY OR TYPE

Status	<input type="text"/>	Name	<input type="text"/>									
Date of Birth	<input type="text"/>	Qualifications	<input type="text"/>					Sex	<input type="text"/>			
Area of Specialisation	<input type="text"/>											
Designation	<input type="text"/>											
Institute	<input type="text"/>											
City/State	<input type="text"/>						Pin Code	<input type="text"/>				
Mailing Address (if different from above)	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>						Pin Code	<input type="text"/>				
E-mail id	<input type="text"/>											

Membership Category	<input type="text"/>	Mobile No.	<input type="text"/>				
Landline Tel.	<input type="text"/>	Pan No.	<input type="text"/>				
Details of Remittance :	Amount: _____		DD Number : _____				
	Date : _____		Bank & Branch : _____				

CERTIFICATE

I wish to join the ISTE as a Life Member. I hereby voluntarily give my consent to contribute the membership fees as corpus fund of ISTE. I hereby agree to abide by the rules and regulations of ISTE regarding membership. I certify that I am Eligible for membership as per the eligibility.

Signature of Applicant
 Place
 Date

Signature of Recommending officer.
 Name :
 Designation:
 Date :

FOR OFFICE USE ONLY

Membership fee received on _____	Membership Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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