

Please Note: 1. You will get the confirmation call/mail soon after receiving the application.
2. The details; benefits of Associate Membership & fee will be given with the confirmation mail.

Date: _____

To,
Dr. S. Radhakrishnan Teacher's Welfare Association,
479, 3rd Floor, Opp. Indian High School, Kuvempu Road,
Jnanabharathi 2nd Stage, Bangalore-560056

Please paste here
your recent
colour passport
size photo with
formal dress.
Don't staple &
don't fold.

Application for Associate Membership

1. Name of the Applicant: _____
2. Name of the Working Institution with address: _____
_____ Pin Code: _____
3. Designation: _____ 4. Educational Qualification: _____
5. Date of Birth: _____ Age: _____ 6. Gender: _____ 7. Total Experience: _____
8. Full Address for Communication: _____

_____ Pin Code: _____
9. Mobile No.: _____ E-mail ID: _____

Declaration: I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief and I assure the association that I will obey the rules and regulations applicable to the associate members time to time.

Signature of the Applicant

OFFICE USE ONLY

Associate Membership Fee Payment Details:

Payer's Name: _____ UPI ID: _____

UPI Transaction ID/DD No: _____ Date: _____ Time: _____

Approved for the year: _____ State: _____

Associate Membership No.: _____ Date: _____

Authorised Signature