

Life Membership Fee : Rs. 1000/-  
 Mode of Payment : Demand draft drawn  
 in favour of AIRA

Phone No: +91 93923 68464  
 e-mail: president@airacademy.com  
 Website: http://www.airacademy.com/



# ADVAITA INNOVATIVE RESEARCH ASSOCIATION

# 5-11-717/204, MG Road, Beside MGM Hospital, Warangal Urban, Telangana State, India – 506 009.  
 (Registered under the Societies Registration Act. 2001)

Affix recent colour photograph

## APPLICATION FORM FOR LIFE MEMBERSHIP

- Note: 1. Please type or write legibly in CAPITAL LETTERS in English only  
 2. Leave one column BLANK between words/initials.  
 3. Write your name the way you want it on the certificate. Use initials and limit name to 20 characters.

Salutation      Name

Date of Birth         Highest Qualification         Gender

Area of Specialization

Designation

Institution/Organization

City/State                      Pin Code

Mailing Address

(If different from above)

Pin Code

E-Mail ID

Membership Category       Mobile No

Telephone No                  Pan No

Details of Remittance: Amount: \_\_\_\_\_ Transaction Number: \_\_\_\_\_  
 Date: \_\_\_\_\_ Bank & Branch: \_\_\_\_\_

**CERTIFICATE**

I wish to join as a Life Member of Advaita Innovative Research Association. I hereby voluntarily give my consent to contribute the membership fees as corpus fund of AIRA. I confirm that I am eligible for membership as per the criteria. I hereby agree to abide by the rules and regulations of AIRA regarding the membership.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Membership fee received on ..... Membership Number 

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<p style="text-align: center;">Mode of payment:</p> <p style="text-align: center;">DD/ Cheque favouring</p> <p style="text-align: center;"><b><u>Advaita Innovative Research Association</u></b></p> <p>Cheque / DD No.: <input style="width: 100%;" type="text"/></p> <p>Date: <input style="width: 100%;" type="text"/></p> <p>Rs.: <input style="width: 100%;" type="text"/></p> <p>Drawee Bank: <input style="width: 100%;" type="text"/></p> <p>Branch Name: <input style="width: 100%;" type="text"/></p> <p>Bank City: <input style="width: 100%;" type="text"/></p>	<p style="text-align: center;">Payment made by :</p> <p style="text-align: center;">Direct Deposit / Bank / Net Transfer favouring</p> <p style="text-align: center;"><b><u>Advaita Innovative Research Association</u></b></p> <p>Bank Name: State Bank of India (SBI)</p> <p>Bank Branch: NIT Br, Warangal- 506004.</p> <p>SB A/c. No. <input style="width: 100%; text-align: center;" type="text" value="3 9 7 5 8 0 6 3 8 8 9"/></p> <p>Branch Code: <input style="width: 100%; text-align: center;" type="text" value="0 2 0 1 4 9"/></p> <p>IFSC: <input style="width: 100%; text-align: center;" type="text" value="S B I N 0 0 2 0 1 4 9"/></p> <p>Deposit Date : <input style="width: 100%;" type="text"/></p> <p>Rs. : <input style="width: 100%;" type="text"/></p> <p style="text-align: center;"><u>For Net Transfer</u></p> <p>Transaction Dt : <input style="width: 100%;" type="text"/></p> <p>Rs. : <input style="width: 100%;" type="text"/></p> <p>Transaction ID : <input style="width: 100%;" type="text"/></p>
<p>Please send the scanned copy of the transaction proof to: <a href="mailto:president@airaacademy.com">president@airaacademy.com</a></p>	

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Collaborate with AIRA for researching needs, knowledge and connections!

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