

# ALL INDIA SCIENCE TEACHER'S ASSOCIATION (W.B.)

25/1, Chandranath Chatterjee Street, Kolkata – 700 025

Telephone No. – +91 9748815293

## Membership Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

The Field of Interest / Subjects of Teaching: \_\_\_\_\_

Topic on which you can work as a resource person:

\_\_\_\_\_

Name of the Institution you are working with:

\_\_\_\_\_

Institution Address with post held:

\_\_\_\_\_

Pincode: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Pincode: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Whether a member of any other association: \_\_\_\_\_

Membership (Annual / Life): \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Receipt

Received application along with fees receipt no.: \_\_\_\_\_

Cash / DD no.: \_\_\_\_\_

Date:

Signature of the Recipient