



National Abilympic Association of India

Karkar Dooma, Vikas Marg, Delhi – 110 092

Tel: 22373028, 22375205 Fax: 22377550, 22372521

Email : naaidelhi@abilympicsindia.org

Website : www.abilympicsindia.org

APPLICATION FOR MEMBERSHIP (INSTITUTION)

1. Name of the Organisation :
2. Address:
- Pin :
3. Tel No.....Fax.....
- E-mail:.....
4. (a) Date of registration.....(Please attach a photocopy of Registration Certificate)
5. Disabilities covered
6. Nature of work :
- (Please attach information regarding your area of work eg; Profile, Annual Report and any other material.)
7. Head of the Organisation : (Name) :
- (Designation) :
-
8. Fee Structure: (a) Admission Fee: Rs. 500/-
- (b) Annual Subscription
- (i) Institution Rs. 1000/-
- (ii) Corporate Rs. 5000/-
8. Any other information you may wish to give about your work:
-
-
-

.....

9. Amount of Rs.as Admission Fee and Rs.....as Annual Subscription is enclosed in favour of **National Abilympic Association of India** payable at New Delhi, Vide Cheque/ D/D No.....Dated:.....

Drawn on for the year

10. (a) Please add Rs 25/= as out station bank charges.
 (b) Cheque / DD will be encashed subject to approval of membership by the governing body.

Office Stamp
 Signed at.....
 Date.....

Yours sincerely
 ()
 Signature of Authorised Signatory

For action by Governing Body

Date of receipt.....

Decision by the Governing Body Approved / Not Approved

Date:..... Secretary General / Secretary
 Signature

For action at the office of NAAI

Receipt No.....dated.....for Rs.....

Rs.(In words)..... issued.

Membership Serial No.....allotted and registered

Date..... Name & Signature of the Officer

