

Krishnamurthy Institute of Algology

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APPLICATION FOR ASSOCIATESHIP/ANNUAL MEMBERSHIP/ INDIVIDUAL/INSTITUTIONAL

- 1 Name:
- 2 Age and Date of Birth:
- 3 Academic Qualifications:
- 4 Profession:
- 5 Address:

Mobile No.:

Fax :

E-mail :

- 6 Interests in Algae (Teaching, Research, Industry, Collection, Hobby, Others (Specify)-*Strike off which ever not applicable.*)
- 7 I wish to be enrolled as Associate/Member of the Institute/Student member (*certificate from guide/ Head of the Department to be enclosed*)
- 8 I agree to abide by the Laws of the Institute and any rules and relations that might be framed from time to time according to the laws of the Institute.
9. I am enclosing a D.D./Cheque for Rs.....
Particulars of D.D./Cheque
Date:
For out station cheques, please add Rs.20/- towards bank clearing charges
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FOR OFFICE USE

Application received on:

ASSOCIATE/MEMBER/STUDENT MEMBER/INSTITUTIONAL

Registration No.....

Date:

Signature:

President

Treasurer

Secretary