



Society for Research & Development in Science & Technology (SRDST)

Reg. Office: #101, SKML Residency, BHPV Emp Colony, Sheela Nagar
Visakhapatnam 530012 Andhra Pradesh

Membership Application Form

To,

The General Secretary

SRDST, Visakhapatnam – 12 A.P.

Sir,

I, _____, would like to become a member of SRDST. My details are as follows:

1. Name	:	
2. Date of Birth	:	
3. Son/Daughter/Spouse of	:	
4. AADHAAR Number	:	
6. Residential Address	:	
7. Email	:	
8. Mobile	:	
9. Highest Qualification	:	
10. Areas of Expertise	:	
Occupation Details		
11. Designation	:	
12. Affiliation / Office Details	:	
13. Phone (Office)	:	
14. Email (Office)	:	

I, hereby declare that,

1. The information provided above is true to the best of my knowledge and understanding,
2. I shall abide by the constitution, guidelines, rules and regulations of the SRDST Society.

Date :

Place :

(Signature)