



Education Promotion Society for India

504, 5th Floor,
DLF Tower - B
(Near Indraprastha Apollo Hospital)
Jasola, New Delhi - 110 025

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E-mail : mail@epsfi.org
Website: www.epsfi.org

APPLICATION FORM (Membership)

The Executive Secretary
Education Promotion Society for India
504, DLF Tower – B'
Jasola, New Delhi - 110025

FOR SOCIETY USE

Membership No _____
Approved on _____ w.e.f _____
Category _____

Dear Sir,

We wish to apply for Membership of the Society. The Application Form, duly completed is submitted along with the relevant supporting documents and Cheque/DD No. _____ dated _____ towards Membership Subscription drawn on _____ for Rs. _____. In the event of our enrolment as a member, we shall be bound by the Memorandum and Articles of Association of the EPSI

1. Full Name of the Institution: _____

2. Address for Correspondence _____

Tel _____ Fax _____ E mail _____

3. Address of Head Office _____

Tel _____ Fax _____ E mail _____

4. Address of the Educational Institution(s) _____

Tel _____ Fax _____ E mail _____

5.. (√) Whether a Firm Sole Proprietary Concern Company
 Body Corporate Other Body Engaged in Education Society
 Trust

6. Year of Establishment: _____

7. Details of Programmes Offered (for Institutional Members Only) _____

8. Nature of Business Activities (for Industrial Members Only) _____

9. Details of Institution/School Affiliation/Recognition _____

10. Name of the Proprietor/Directors/Partners/Office bearers _____

Name of the Chief Executive/Head _____

11. Name of the Authorised Representative(s)/Contact Person(s) (Not more than two)

(i) _____

(ii) _____

11. Name of the organizations/Chambers/Associations of which you are a member _____

12. Members

Category	Subscription
Medical University /Institution Member (Membership for 10 years) (Life Membership)	Rs.1,00,000/-

13. PAN No. _____

14. How do you expect to be benefited from the membership of the Society

Kindly acknowledge the receipt of the above and confirm our Membership.

Place _____

Signature _____

Date _____

(Cheque/Demand Draft(s) may please be drawn in favour of "Education Promotion Society for India")

(Name & Designation with seal)

NOTE: Payment may please be made in favour of "EDUCATION PROMOTION SOCIETY FOR INDIA" OR be transferred/deposited in our Savings Bank Account No. 0629219 1018986, Bank: Oriental Bank of Commerce, Branch: Batra Hospital Branch, New Delhi, IFSC No. ORBC 0100629.