



# Education Promotion Society for India

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

Tel : +91-11-2695 3647 / 48 / 49  
Fax : +91-11-2695 3645  
E-mail : mail@epsfi.org  
Website: www.epsfi.org

## APPLICATION FORM (Membership)

The Executive Secretary  
Education Promotion Society for India  
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
<b>Patron Member</b> (Membership for 10 years) (Life Membership)	<b>Rs.1,50,000/-</b>

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.