

MEMBERSHIP FORM

Please complete all the fields below, type or print in capital letters and mail to above address

Name

Sex

Date of Birth -----/-----/-----.

Nationality-----

Permanent Address

City----- State-----

Postal Code----- Country-----

Phone----- E-mail -----

Mobile-----

Official/ mailing Address

Organisation/Institution Name----- Deptt./Division-----

Title/Position-----

State-----Postal Code-----

Country-----

Phone-----Fax-----

E-mail-----

Educational Information

Highest Professional Degree-----

a) College/University/Institution-----

b) Country-----Year-----

c) Highest Technical Degree-----

Work Experience -----

I undertake that I will observe the rules governing the membership of the Society as prescribed by the Memorandum of Association and the Rules and Regulations of the Society.

(Signature)

Date----- Place-----

Membership Fee Rs.

Membership Renewal Annually on 1st April

Submitted to:

Secretary, OASI, Deptt. of Organic Agriculture & Natural Farming,
College of Agriculture, CSK Himachal Pradesh KrishiVishvavidyalya, Palampur-176062, (H.P.), India