



SWARAJ RESEARCH INSTITUTE

11/56 Mahaveer Nagar, Banar Road,

Nandri, Jodhpur (Raj.)342015

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Photograph

MEMBERSHIP FORM

(For an Academician/ Professional only)

APPLICATION NUMBER- SRI/APM/2026/____ REGISTRATION NUMBER- SRI/AP/2026/____/____

1. Name (Mr./Mrs./Miss).....

2. Father's/Spouse's Name

3. Date of Birth (DD/MM/YYYY)/...../..... Age Year

4. Nationality: Indian/Others (Specify)

5. Please Specify (Please ✓)

Academician ☐ Professional ☐ in an Institute ☐ Company ☐

Department.....

Name of Institute /University/ Company/ Firm.....

6. Type of Membership (Please ✓)

One Year		Two Year		Five Year		Ten Year		lifetime	
₹1000.00		₹1800.00		₹4000.00		₹7000.00		₹10000.00	
\$ 20		\$35		\$80		\$140		\$200	

7. Please specify from the following categories of profession:

	Category of profession	Please specify
(a)	Academicians/Educationalists/Faculty	
(b)	Central & State Service Officers	
(c)	Scientists	
(d)	Medical Professional	
(e)	Architectures	
(f)	Technical	
(g)	Engineers	
(h)	CA/CS	
(i)	Defence Services	
(j)	Judicial Services	
(j)	Others	

8. Designation.....

i. Official Address.....

Dist.....State.....Pin.....

Tel.....Mobile No.....

Email ID.....

Website.....

ii. Residential Address.....
 Dist.....State.....Pin.....
 Tel.....Mobile No.....
 Email ID.....

9. Academic Qualifications

Particulars	Subject	Year of Passing	Name of the Board/ University
High School			
Graduate			
Post Graduate			
M.Phil			
Ph.D.			
Other Degrees			

10. Professional Experience.....Year

11. Research Experience Year

(a) Books Published

(b) Articles Published in Professional Journals.....

(c) Membership of other academic or professional bodies

(d) Participation in Seminars/Conferences/Workshops:-

(e) State.....National.....International.....

12. Please attach curriculum vitae.

13. Members' information (name, photo, address, school/college/qualifications and achievements etc. (except mobile number)) will be used by SRI for the promotion of the Institute.

DECLARATION

The above details filled by me are true, if any kind of wrong information is found in it, my membership may be canceled by the Institute and I will be responsible if any fee deposited by me is not refunded under any circumstances. I have read the membership rules of Swaraj Research Institute and agree to abide by them.

Dated.....

Place.....

Signature

()

Name of Applicant

Instruction

- Please put a tick mark in the appropriate box.
- Where the space provided is not adequate you can furnish additional details on an attached sheet
- You will have to provide your ID proof when asked by Swaraj Research Institute.
- The application will be scrutinized, certified and approved by Swaraj Research Institute (SRI), Jodhpur. After approval the prescribed membership fee has to be paid by the applicant in favor of SRI. Membership will commence from the date of receipt of application as a member.