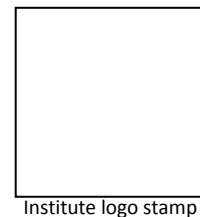




SWARAJ RESEARCH INSTITUTE

11/56 Mahaveer Nagar, Banar Road,
Nandri, Jodhpur (Raj.)342015
Email- swarajresearchinstitute@gmail.com
Website- www.swarajresearchinstitute.org



INSTITUTIONAL MEMBERSHIP FORM

APPLICATION NUMBER- **SRI/ITASCM/2026/**__ _ REGISTRATION NUMBER- **SRI/ITASC/2026/**__ _/__ _

1. Name (Institute).....
2. Working Nationality: Indian/Others (Specify)
3. Date of Registration/ AOP.....
4. Please Specify (Please ✓)

Academic Institute ☐ TASC ☐ Professional Institute ☐ Other ☐

5. Subject of working field of institution.....

6. Type of Membership (with charges)(Please ✓)

One Year		Two Year		Five Year		Ten Year		lifetime	
₹2000.00		₹3600.00		₹8000.00		₹10000.00		₹20000.00	
\$ 40		\$70		\$160		\$280		\$400	

7. Please specify (Please ✓)from the following categories of Institution:

	Category of profession	Please specify
(a)	Academic/Educational/Training/Research Institute/ Centre	
(b)	Central & State /Administrative/ office/Institute	
(c)	Scientists Institute	
(d)	Medical Institute	
(e)	Architectures Institute	
(f)	Technical & Engineering Institute	
(g)	Trust/ Association/ Society/ Company	
(h)	CA/CS /Firm/ Publication/Agency	
(i)	Defence / Police Institute	
(j)	Judicial /Lawyer/ Advocate Institute	
(j)	Others	

8. Name (Chairman/Secretary/Owner).....
9. Designation.....
Official Address.....
Dist.....State.....Pin.....
Tel.....Mobile No.....
Email ID.....
10. Institutional Website.....

10. Name (Director/Registrar/Head).....
11. Designation.....
- Official Address.....
- Dist.....State.....Pin.....
- Tel.....Mobile No.....
- Email ID.....
10. Conducted Research Programs -
- (a) Skill Development/FDP/
- (b) Publication Journals.....
- (c) Membership of other academic or professional bodies
- (d) Organized Seminars/Conferences/Workshops:-
- State.....National.....International.....
11. Institutional Details-
- Number of Academician.....
- Number of Professional.....
- Number of Employee / staff
- Number of Client
- Number of Student
12. The information of the member institutes (name, photo, logo, address, management, recognition and achievements etc.) will be used by SRI for the promotion of the institute.

DECLARATION

The above details filled by us are true, if any kind of wrong information is found in it then the membership of our institute can be canceled by Swaraj Research Institute and we will be responsible if any fee deposited by us is not refunded under any circumstances. We have read the membership rules of Swaraj Research Institute and agree to abide by them.

Signature
(
Name of Director /Registrar/Head /Manager

Signature
(
Name of Chairman/Owner/ Secretary

Institute Stamp

TASC/Organization Stamp

Dated.....

Place.....

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
- Member institutions will have to provide ID proof on demand 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.