



SWARAJ RESEARCH INSTITUTE

11/56 Mahaveer Nagar, Banar Road,

Nandri, Jodhpur (Raj.) 342015

Email- swarajresearchinstitute@gmail.com

Website- www.swarajresearchinstitute.org

Photograph

MEMBERSHIP FORM

(For Student/ Scholar only)

APPLICATION NUMBER- **SRI/SSM/2026/**____ REGISTRATION NUMBER- **SRI/SS/2026/**____/____

1. Name (Mr./Mrs./Miss).....
2. Father's/Mother's Name
3. Date of Birth (DD/MM/YYYY)...../...../..... Age Year
(The minimum age for membership is 15 years.)

Note: Parental consent is required if the applicant is under 21 years of age.

4. Nationality: Indian/Others (Specify)

5. Please Specify (Please ✓)

Student * ☐ Scholar # ☐ School/ Department.....
Board/University.....
Name of Principal/ Supervisor.....

6. Type of Membership (Please ✓)

One Year		Two Year		Three Year		Five Year		Ten Year	
₹800.00		₹1500.00		₹2000.00		₹3000.00		₹5000.00	
\$ 10		\$18		\$25		\$40		\$70	

* from High school to Post Graduation only / # from M Phil to Ph. D (D.Litt.) only

7. Detail of School/ Institute.....
 - i. Official Address.....
Dist.....State.....Pin.....
Tel.....Mobile No.....
Email ID.....
 - ii. Residential Address.....
Dist.....State.....Pin.....
Tel.....Mobile No.....
Email ID.....

8. Academic Qualifications

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

9. Experience -

- (a) Chapter/Books Published
- (b) Articles Published in Journals.....
- (c) Select in any Science Project/Patent/Model/bal sansad
- (d) Membership / Award from any academic or professional bodies
- (e) Participation in Seminars/Conferences/Workshops/ Competition/ Olympiad:
 State.....National.....International.....

10. Members' information (name, photo, address, school/college/qualifications and achievements etc. (except mobile number/email)) 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 can be canceled by the Institute and I am aware that any fee deposited by me will not be returned under any circumstances for which I will be responsible myself. I am 21 years of age and have read and agree to abide by the membership rules of Swaraj Research Institute. I am under 21 years of age and above 15 years of age. I have obtained parental consent.

Dated.....
 Place.....

Signature
 ()
 Name of Applicant

PARENTAL CONSENT

My name is and I am the guardian (father/mother/other) of the applicant The above details filled by the applicant are true, if any kind of wrong information is found in it, the membership of the applicant can be canceled by the institute and I am aware that any fee deposited by the applicant will not be returned under any circumstances for which the applicant himself will be responsible. The age of the applicant is below 21 years and above 15 years. Since the age of the applicant is below 21 years, I have given my consent to the membership application of Swaraj Research Institute. I have read and agree to abide by the membership rules of Swaraj Research Institute.

Dated.....
 Place.....

Signature
 ()
 Name of guardian

Relation to Applicant..... (Father/mother/other). If other please Specify.....

Instruction/ condition

- 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.