

MEMBERSHIP FORM

Affix
Passport size Photo

1. Name : _____

2. Gender : Male Female

3. Age & DOB : ____/____/____

4. Nationality: _____

5. Address for Communication: _____

PIN _____

State : _____

Country : _____

Phone : _____

Fax: _____

Mobile No : _____

E.mail : _____

6. Educational Qualification:

Degree	Discipline	Institute	University
U.G			
P.G			
M. Phil PhD			
Diploma Others			

7. Area of Specialization: _____

8. Details of Professional Experiences:

Profession	Name of the Organization	Job Description	Experiences in Years
Teaching			
Training			
Research			
Others			

9. No of Seminars/Conferences/Workshops/Life Skills Trainings attended: ____/____/____/____

10. Membership Fee :

Type of Membership	Fee Structure
Patron/Institutional Member	Rs. 10,010/-*
Life Member	Rs. 4,010/-*

* Membership form Rs.10/-

11. Payment Details:

Type of Membership: _____

Cash/NEFT Details/(Transaction ID)/_____ :Rs. _____

Date of payment/Transfer: ____/____/____(DD/MM/YY)

Name of the Bank : _____

Amount payable to:

Name of a/c holder: Indian Association of Life Skills Education

Bank Name: Canara Bank | Savings A/c No: 2926101003784

Branch: No. 9, First Avenue, Ashok Nagar, Chennai 600 083

IFSC code: CNRB0000975 | MICR Code: 600015006



Note: To complete the entire membership payment process please email your filled-in membership form (scanned copy) along with your online transaction details to The Secretary, IALSE ialse.india@gmail.com

Signature with Date