

SHIKSHA MITRA

(शिक्षामित्र)

4/230, Kacheri Ghat, AGRA-282 004

Membership/Renewal Form

Receipt No.....

5 Years for 800

3 Years for 500

Please fill the form and indicate type of membership with full payment by Bank Draft in Favour of **SHIKSHA MITRA** payable at Agra at the above mentioned address.

Draft No..... Bank..... Amount.....

Cash/MO..... Date..... Amount.....

MEMBERSHIP PARTICULARS

Name (Block Letters).....

Date of Birth..... Sex

Education.....

Profession.....

Teaching Experience.....

Areas of Specialization.....

Designation.....

Official Address.....

Residential Address.....

e-mail address.....

Phone No..... Mobile No.....

Approval

Member Signature