



MANOHAR PARRIKAR INSTITUTE FOR DEFENCE STUDIES AND ANALYSES
मनोहर पर्रिकर रक्षा अध्ययन एवं विश्लेषण संस्थान

Manohar Parrikar Institute for Defence Studies and Analyses

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Application for Membership (to be filled in Capital letters)

<p>To</p> <p>The Director General Manohar Parrikar Institute for Defence Studies & Analyses New Delhi-110010</p> <p>Sir,</p> <p>I hereby apply for Membership of the Manohar Parrikar Institute for Defence Studies & Analyses.</p> <p>2. I undertake that, if accepted, I will observe the rules and regulations governing membership of the Institute.</p> <p style="text-align: right;">Yours faithfully</p> <p style="text-align: right;">(Signature)</p> <p>Date</p> <p>Place.....</p> <hr/> <p>Would you like your application to be considered for Associate Membership if it is not accepted for Membership</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">(Please tick as Applicable)</p>	<p>To</p> <p>The Director General Manohar Parrikar Institute for Defence Studies & Analyses New Delhi 110010</p> <p>Sir,</p> <p>I propose that.....be admitted as a member of the Institute. He/She has been personally known to me for about.....years.</p> <p style="text-align: right;">(Signature)</p> <p style="text-align: right;">.....</p> <p style="text-align: right;">(Name in Block Letters)</p> <p>Membership No. <input type="text"/></p> <p>Date</p> <hr/> <p>I second the proposal.</p> <p style="text-align: right;">(Signature)</p> <p style="text-align: right;">.....</p> <p style="text-align: right;">(Name in block letters)</p> <p>Membership No. <input type="text"/></p> <p>Date.....</p>
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(For Office Use)

Approval/Date of enrolment.....Membership No.....
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Particulars of the Applicant

1. Name
(Beginning with Surname in block letters)

2. Present position/Last position
held and name of the office

3. Address
(a)

Pin Code.....Tel.....

Fax No.....Email.....

(b)

Pin Code.....Tel.....

Fax No.....Email.....

4. Nationality

5. Date of Birth (dd/mm/yyyy)

6. Academic Qualification
(Add separate sheet if necessary)

7. Experience/Interest
(a) Field of study, teaching/professional

(b) Membership details of
Academic/Professional organizations.....

(c) Publications.....
(Add separate sheet if necessary)

8. Activities of the Institute in which interested (Please put mark)

(a) Publications

(b) Seminars and Conference

(c) Research Projects

Please indicate precisely the particular field of interest

9. Any other information that may be of interest.....

10. **If the Library facilities are desired:** Please deposit Rs.5000/- as Security Fee refundable without interest at the time of termination of Membership

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2. The annual subscription fee for Membership is Rs.750/-, **payable only on confirmation of membership.**
3. Please Attach proof of residential address
4. Form should be proposed & seconded by the two Members or Life Members. Without proposed & seconded form should not be accepted
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