



# ACADEMY OF HUMAN RESOURCES DEVELOPMENT

## *Organizational Membership Form*

Name of Organization: .....

Category: (Please Tick). Public/Government/Educational/Social/Private/Others

Address: .....

City:.....State:.....Pin:.....

Ph:.....E-mail: .....

Organization Details:

Area of Work:

Year of establishment:

Publications (if any)

Contact Person: .....

Nominee for Library:

Any other details

Expectations from membership of the Academy. (Your ideas will help in planning actions with respect to members)\*.....

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.....

Contributions you would like to make\*: .....

.....

\* Please write overleaf, if required

Category of Membership Applied for (Please tick): 1 year / 2 years

Details of Membership Fee: Demand Draft No. .... Date: ..... Rs..... (in words): Rupees ..... drawn on ..... (DD to be drawn in favour of Academy of HRD, payable at Ahmedabad).

Date: .....

Signature:.....

**THANK YOU**

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Mail to: **ACADEMY of HRD, AYANA COMPLEX, 2<sup>nd</sup> Floor, Thaltej-Hebatpur 100 Ft. Road, Thaltej, Ahmedabad – 380 059**

**Tele.: 079-30482224/25 Fax: 30524949 Email: [admin@academyofhrd.org](mailto:admin@academyofhrd.org)**