

Educational Qualifications

Serial No.	Name of the University/college	Ph. D/M.Phil./Post Graduate/Degree/Diploma	Year Obtained

Profession/Occupation (mention employment details for the last 5 years)

Serial No.	Name of the University/Company/Organisation where employed	Position held	Year of service

Membership

If you are a member of other Organisation/s, mention name of organisation and posts held at present and during the last 3 years.

Serial No.	Name of Organisation/NGO	Position held	Year of service

Declaration

I state that the above information is accurate to the best of my knowledge. I am committed to adhering to the rules/regulations and ethics governing the Association, after obtaining the Membership.

Signature of applicant _____

Date _____

Enclosed with the Application

- i. Copy of the Certificate of the last educational qualification
- ii. Copy of Aadhar Card
- iii. Passport size photo

Please attach scanned copies of the listed enclosures to the duly filled Application Form.

Subscription can be paid once the Membership is confirmed.

Date _____

Signature _____

Name in Block letters _____

Note

- Subscription fee is Rs. 6,000 for a three year period
- Subscription fee could be sent by cheque or bank transfer (Crossed Cheques to be drawn in favour of 'Indian Federation of University Women's Association')
- Bank Transfer: Please send an email to ifuwacalcutta@gmail.com and get the details.

For use of IFUWA/UWA

Applicant Ms. _____

Is being considered as a member of UWA / IFUWA _____

from __ / ____ / _____

Convener _____ **Term** 20__ - 20__

Address _____

Tel (Res) _____ Tel (O) _____ Email _____

Signature _____

President _____ **Term** 20__ - 20__

Address _____

Tel (Res) _____ Tel (O) _____ Email _____

Signature _____

Notes