

SAQR

SOCIETY FOR AEROSPACE QUALITY AND RELIABILITY

(Registered with Govt. of Andhra Pradesh. Registration No. 1043 of 2002)

C/o VIKRAM SARABHAI SPACE CENTRE, THIRUVANANTHAPURAM – 695022

Phone: 0471-2565576 | Fax: 0471-2564517



APPLICATION FOR MEMBERSHIP (INDIVIDUAL)

| | | | | | |
|----|--|-------------|---|----------------------|--|
| 1 | Title | : | Dr / Ms /Mr/ Mrs / Others (Please specify) | | Paste a recent passport size color photograph |
| 2 | Name (Capital Letters) | : | | | |
| 2 | Date of Birth | : | | | |
| 3 | Designation | : | | | |
| 4 | Organisation | : | | | |
| 5 | Mail Id | : | Official (mail Id) | Personnel (Mail Id) | |
| 6 | Contact number | : | Office | Mobile | WatsApp |
| 7 | Address for correspondence | : | | | |
| 8 | Qualification: | | | | |
| | Degree & Subject | | Year of Completion | Institute & Place | |
| | (a) | | | | |
| | (b) | | | | |
| | (c) | | | | |
| 9 | Experience: | | | | |
| | Organization | Period from | Period to | Principal Assignment | |
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| 10 | Details of published Work: (if space is not sufficient, details may be given on separate sheet) | | | | |
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| 11 | Membership of professional societies: 1. 2. | | |
| 12 | Recommendation of Proposers: <i>(The application must be recommended by two life members of Society)</i> Based on personal knowledge of the applicant and her /his qualification and experience I recommend her / him as a proper person to belong to the Society. | | |
| | Name of the Proposer | Membership No | Signature |
| 1 | | | |
| 2 | | | |
| Payment Details | | | |
| | Amount | Bank Transfer Details & Date * | |
| 13 | Rs 2000 (Two thousand only) | | |
| * Amount may be transferred through account transfer to SAQR Account No. 30397979894 , IFSC: SBIN0002279 , SBI, Thumba Branch, Thiruvananthapuram. | | | |
| 14 | Undertaking: I, the undersigned, do hereby declare that the statements made herein are correct and that in the event of my enrolment as a member, I agree to be governed by the rules of the Society as they now exist and as they hereafter be amended | | |
| 15 | Date: | | Signature: |
| 16 | Place : | | |

Filled form may please be sent to Secretary, SAQR, C/o SR Entity Office, VSSC, Tvm- 695022, Kerala.

For office use

| Date of receipt of application | SAQR Receipt No & Date | Membership No & Enrolment Date | Remarks |
|--------------------------------|------------------------|--------------------------------|---------|
| | | | |

Secretary, SAQR