Systems Society of India <i>Regd. HO</i> : IT Centre, DEI (Deemed University) Model School, Soami Nagar, New Delhi-110017			Application For Life Membership										
			Application No & Date										
			Fee Receipt No. & Date						(Afj	fix Photo	ograph l	here)	
Email: <u>systems.society@gmail.com</u> Website:www.sysi.org			Membership No. LM/										
FULL NAME (IN CAPITAL LETT	F. / DR /												
			, BR	/									
Date of Birth Pla			e of Birth				Nationality						
Father's Full Name													
Academic Qualification													
(Minimum: Graduate) Specialization /				Year		Univ	ersity						
Area of Research													
	Institution												
Present Occupation	Position held					Period							
Ongoing Research and													
Publications, if any (Attach additional sheet if needed)													
Membership of other													
Professional Bodies, if any													
Mailing Address								PIN					
Downoont Address								DIN					
Permanent Address								PIN					
Contact Nos.	Mobile No.					Alteri	Alternate No.						
Email ID (caps please)					[
Payment Option (Rs. 1000)	-						it par Cheque (by regd. post/courier) of "SYSTEMS SOCIETY OF INDIA"						
DECLARATION: The information be governed by the Rules, Regul	-				-								
sole discretion of Systems Socie		aws 01 .	5.5.1. 111				eprina			membe	.1311119 13	attie	
Date:	Place Signature												
				SUPPORTERS			c : .						
Name of Existing Member*			Life Membership No.				Signature						
*NOTE: If the application is not supported by two existing members, please enclose self-attested copies/PDF scans of your													
relevant academic qualification and present occupation in lieu thereof. (FOR OFFICE USE ONLY)													
MEMBERSHIP FEE @ 1000		·-			- · • /		LM						
received on (Cheque/NEFT)	Life			Life M	fe Membership No.								
LM No. Allotted on	Trea			Treasu	ırer's Signat	ure							