



# Indian Council for Business Education

School of Business Studies, Old Law College Building, Palace Road, Bangalore - 560 009

## Membership Form

Application No : \_\_\_\_\_

### Individual Membership

Patron  Donors  Life Members  Annual Members

### Institutional Membership

Annual Membership  Long Term (10 Years)

Name \_\_\_\_\_

Qualification \_\_\_\_\_

Profession \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Residential Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Id: \_\_\_\_\_

College Name \_\_\_\_\_

Courses Offered \_\_\_\_\_  
 \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Id: \_\_\_\_\_

### Individual Membership

1. Patrons ₹1,00,000 and above
2. Donors ₹50,000 and above
3. Life Members ₹5,000 and above
4. Annual members ₹1,000 per year

### Institutional Membership

1. Annual Membership ₹2,000
2. Long - term (10 years) ₹18,000

### Declaration

I acknowledge to have fully read the rules & regulations & certify that I have understood the all the provisions indicated there in. I here by certify that all particulars stated by me in application are true to the best of my knowledge & belief. I Understand that the association reserved the right to modify / delete / amend the ruled & regulations.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the Applicant  
 .....

FOR OFFICE USE ONLY

Membership No. \_\_\_\_\_

Receipt No: \_\_\_\_\_

Date \_\_\_\_\_

President / Secretary / Treasurer