



**INDIAN INSTITUTE OF SCIENCE PENSIONERS' ASSOCIATION (REGD.)**  
**Bangalore - 560 012.**

**ENROLMENT FORM**

Please Enroll me as a Patron Member (Rs. 2000/-) Donor Member (Rs. 1000/-) Life Member (500/-) of the Association. I shall abide by the rules and regulations of the Association as may be applicable from time to time. The information provided below is true and correct.

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Passport Size  
Photo

1.	Name In (Block Letters)	
2.	Address :	Telephone No. : Mobile : E-mail :
2.	Date of Birth::	3. Date of Retirement :
4.	(a) At the time of Retirement : (b) Department (c) Designation (d) Pension (Gross)	
5.	Contribution to Benevolent Fund (Minimum of Rs. 1500/-)	
6.	Name of Spouse (if spouse is not alive, name of the nominee)	
7.	Other Information. If any	

Date :

Place :

Signature

Receipt No.

**(FOR OFFICE USE ONLY)**

Date :

Sri/Smt.....has been enrolled as a Patron/Donor/Life Member of the Association  
vide Managing Committee decision date.

Membership No.:

Treasurer

Secretary

President