**Institute Membership Form : (All details are mandatory)**

For Educational Institution / University / College/ School OR

Department of any Educational Institution / College

Membership Term:- 5 Years / 10 Years / Life Time (select any 1 as per your choice)

Institute/ University/ College/ School :-

OR

Department of Institute :-

Affiliated University/ Organization :-

Website :-

Name of Correspondent Person :- Main Name - Middle Name - Family Name

Designation :– ( Principal/ Dean/ Director/ V.C./ Registrar/ Professor / Asso.Professor / President )

Department / Faculty :-

Office Email :-

Personal Email :-

Contact No. : – (Personal)

(Office)

Full Address with Postal code/ Zipcode :-

**Staff Details:-**

Number of Professors :-

Number of Associate Professors :-

Number of Assistant Professors :-

Number of Lecturers/Teaching Assistant :-

Number of Librarian:-

Number of Lab Assistant:-

**Research Work Publication / Participation: (Only mention number / If not - NA)**

Number of Research Papers / Articles published by all faculties in last Year :-

Number of Conference/ Seminars organized in last Year :- :-

Number of Workshop/FDP organized in last Year :- :-

Number of Books published by faculties in last Year :-

NAAC Grade :-

Any other Grade/Rank :

**Short Biography of Institute**  (around 500 words) –

**Achievements / Received Awards in last Year : (If any)**

I/we have read terms, norms, regulations of “Research Culture Society” to join as a member and submit here my fact details with Identity proof and membership fee copy documents. I ensure and agree that I will never file any legal claim or any action in/on any matter against “Research Culture Society” or its head authority persons. I also know that membership is to about to join research community and paid membership fee is not being refundable or transferable.

E-SIGN of Head:–

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOGO of Institute

E-Stamp :-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:- / /

**Send below 4 documents together as email attachment to :-** director@researchculturesociety.org

1. **this form as M.S. word format.**
2. **membership fee payment slip copy (jpg/png/pdf)**
3. **Staff Members list – Sr.No. Name, email ID, designation, Degree, Teaching Subject/ Field, Mobile number. (Excel sheet)**
4. **Any 1 identity proof (Institute / College / University affiliation letter / Company ID card / letter of affiliation from Government / Any other official government ID card (jpg/pdf)**

Note: Institution / Candidate can add scanned e-signature as jpg./png. file in this form.