



Association of Structural Rehabilitation
(Reg. No. 1216)

Membership Form

(Please use capital letters)

Name: (Prof. / Dr. / Ms. / Mr. / Er.) _____

Date of Birth: _____

Qualification: _____

Designation: _____

Organization: _____

Office Address: _____

_____ Email: _____

Residential Address: _____

_____ Email: _____

Tel. (Off.): _____ Mobile: _____

Category: (Please tick one)

Student Academic and R&D Institution

Consultants & Engineers Companies & Organization

Payment Details:

1. Cheque/ Demand Draft drawn in favour of "Association of Structural Rehabilitation" payable at Mumbai.

Cheque/ DD No.: _____ Dated: _____

For Rs. _____ Drawn on: _____

Place: _____ Date: _____

2. For Electronic Transfer / NEFT:-

Name : Association of Structural Rehabilitation

Office Address : Chandivali, Andheri (E), Mumbai-400072, India.

Bank Name : ICICI Bank

Branch Address : Lok milan, Chandivali Branch, Andheri (E), Mumbai 400073, India.

Account No : 697901439060

Type of Account : Saving Account

IFSC Code : ICIC0006979

Signature

RSVP: Deepak Yadav – Mob. No.7710059942