



| S.No | Particulars | Information's |
|------|--|--|
| 1 | Full name | |
| 2 | Designation & Qualification | |
| 3 | Age & date of birth | |
| 4 | Corresponding address | |
| 5 | Email & phone no. | |
| 6 | Type of membership | <p>Please specify the membership you wish to obtain:</p> <ol style="list-style-type: none"> 1. Individual 2. Institutional |
| 7 | Any other information, you wish to add | |
| 8 | Mode of Payment | <p>Please specify the payment detail you wish to make:</p> <ol style="list-style-type: none"> 1. Demand Draft: DD no. & Date 2. Bank Transfer , Online Banking Bank: <p style="margin-left: 40px;">A/C Holder Name B.Anilreddy Payable at Hyderabad. SB A/C-20059529957 IFSCCode- SBIN0011078, SBI, ISNAPUR BRANCH, PATANCHERU, HYDERABAD-502 307</p> |
| 9 | Signature | |

- Please fill the all columns asked above and sent the scan copy to ijpt@ijptonline.com