

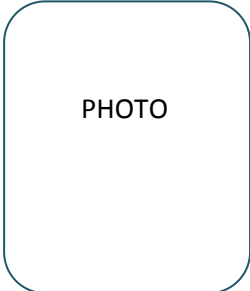


SYMBOLIC DEVELOPMENT FOR INFORMATION & PROFESSIONAL STUDIES (P) Ltd.

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Membership Registration Form

Name of Institute:
Address:
Telephone No: (O)..... (M).....
Email-ID:
Website:



Head of the Institute

Mr./Mrs./Miss:
Qualification: Mobile No.....
Resi. Add.....

Payment Details

Rs. (In Word) : Rs.
Bank Name : Branch :
Date : Chq / DD No :
Online Reference :

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Cheque
<input type="checkbox"/>	NEFT/Online

Declaration

I/We declare that the details & information provided by me / us here in above are true to the best of my/our knowledge & belief . if any information mentioned in this form is found incorrect at any point of time in future, SDIPS reserve the right of cancellation of my membership. I / we have read all the terms & conditions and will abide all the rules & regulations

Date:

Place:

Seal & Signature

For Office Use Only

Date of Registration:..... BDM Name:.....
Course:.....
Remarks:.....

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