

## Academic Membership Application Form

### INFORMATION

Name of Institution:.....

Address:.....

.....

Contact Name: .....

Job Title: .....

Phone: .....Fax: .....

E-mail: .....

Name of Director / Dean :.....

Details of Retail Course, if conducted .....

.....

Details of other courses conducted .....

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Year of starting:..... Number of students :.....Number of Faculty including retail faculty, if any:  
.....

Details of the affiliated university :.....

GST Identification Number: .....

Category of membership applying for:  Academic Member

**Payment Details: One-time membership fee\* Rs. 50,000 + Annual Fee\* Rs.: 5,000**  
**Total Amount: Rs.64900/-**

Amount Rs.:..... Cheque / Demand Draft No:.....

Date:.....Drawn on Bank:.....

Declaration: I hereby declare that the information provided above is true to the best of my knowledge and express our willingness to become a member of RAI and that we shall abide by all rules and regulations of the association.

Signature.....Stamp