

ALL INDIA SCIENCE TEACHER'S ASSOCIATION (W.B.)

25/1, Chandranath Chatterjee Street, Kolkata – 700 025

Telephone No. – (033) 2454-8090

Membership Form

Name: _____

Age: _____ Sex: _____

Educational Qualification: _____

The Field of Interest / Subjects of Teaching: _____

Topic on which you can work as a resource person:

Name of the Institution you are working with:

Institution Address with post held:

Pincode: _____ Phone No.: _____

E-mail: _____

Residential Address: _____

Pincode: _____ Phone No.: _____

Mobile No.: _____ E-mail: _____

Whether a member of any other association: _____

Membership (Annual / Life): _____

Signature of the Applicant: _____ Date: _____

Receipt

Received application along with fees receipt no.: _____

Cash / DD no.: _____

Date:

Signature of the Recipient