



INSTITUTE OF URBAN TRANSPORT (INDIA)

(Registered under the Societies Registration Act)

ASSOCIATE MEMBERSHIP FORM

The Executive Secretary,
Institute of Urban Transport (India)
2nd floor, N.B.O. Building, G-Wing,
Nirman Bhawan, Maulana Azad Road,
New Delhi- 110 011

Dear Sir,

I desire to become an associate member of **Institute of Urban Transport (India)**. I agree to abide by the Memorandum of Association and Rules & Regulations of the Institute as in force from time to time.

I enclose cheque/bank draft No. _____ dated _____ drawn on _____ payable at New Delhi in favour of INSTITUTE OF URBAN TRANSPORT (A/c Payee) for Rs. 1,000/- (Rupees One Thousand only) towards the Associate Membership Fee.

1. Name (surname first) _____
 2. Designation/Organisation _____
 3. Date of birth _____
 4. Academic Qualifications _____
 5. Details of positions held in Govt./Undertakings _____
 6. Professional Membership, If any. _____
 7. Special interest areas in Urban Transport _____
 8. Address for correspondence _____

- Telephone Office _____ Resi. _____
Fax _____ E-mail _____
Mobile _____

Yours faithfully,

Name: _____

Signature: _____

Dated : _____