



INSTITUTE OF URBAN TRANSPORT (INDIA)

(Registered under the Societies Registration Act)

INSTITUTIONAL MEMBERSHIP FORM

Name of the Organization: _____

Address : _____

Phone No. : _____ Fax No. _____ E-mail : _____

Nature of Business : _____

Number of Employees : _____

Last annual turnover : _____

Name of the nominated person : _____
(particulars attached)

We hereby declare that we subscribe to the Memorandum and Rules & Regulations of the Institute. A cheque/ draft no. _____ dated _____ for Rs. **60,000/-** drawn on _____ (Bank) in favour of Institute of Urban Transport, payable at New Delhi, towards membership fee is enclosed.

Date: _____

Signature: _____

Name & designation
(Authorized signatory)

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Particulars of the person nominated to represent the Organization at the meetings of the Institute.

1. Name (surname first) _____

2. Date of Birth _____

3. Position held in the Organization _____

4. Academic Qualifications _____

5. Professional Membership And Qualifications _____

6. Address for Correspondence _____

7. Telephone : Office _____ Resi. _____

Fax _____ E-mail _____