



Institute of Urban Transport (India)

(Registered under the Societies Registration Act)
1st Floor, Anand Vihar Metro Station Building
Delhi – 110092

E-mail: info@iutindia.org Website: <https://iutindia.org>

INSTITUTIONAL MEMBERSHIP FORM

1. Name of the Organization: _____

2. Address: _____

3. Phone No.: _____

4. E-mail: _____

5. Nature of Business: _____

6. Number of Employees: _____

7. Last annual turnover: _____

8. 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/ Bank Transfer No. _____ dated _____ for **₹ 1,00,000/- (Rupees One Lakh only)** towards membership fee is enclosed.

Date: _____

Signature: _____

Name & Designation
(Authorized Signatory)



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Payment may be made through Cheque / Demand Draft at par at New Delhi drawn in favour of Institute of Urban Transport (A/c Payee). Payment can also be made through RTGS / NEFT. Bank Details are as Follows:

- a) Account Holder Name: Institute of Urban Transport (India)**
- b) Account No. : 42272783861**
- c) Name of the Bank : State Bank of India**
- d) Branch & Address : Nirman Bhawan, New Delhi-110011**
- e) IFSC Code : SBIN0000583**
(fifth to eighth characters are zero)
- f) MICR Code : 110002092**



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

1. Name (Shri/ Smt./ Dr./ Prof. / Ms.) _____

2. Date of Birth _____

3. Position held in the Organization _____

4. Academic Qualifications _____

5. Professional Membership, If any. _____

6. Address for correspondence _____

7. Telephone Office: _____ Resi.: _____

Mobile: _____

8. E-mail: _____