

**Please Note:** 1. You can request your institution to pay your Associate Membership fee as a contribution to Teacher's Welfare.  
2. You will receive your Associate Membership Certificate within a month by a registered post.

Date: \_\_\_\_\_

To,  
Dr. S. Radhakrishnan Teacher's Welfare Association,  
# 479, 3<sup>rd</sup> Floor, Opp. Indian High School, Kuvempu Road,  
Bangalore-560056

Please paste here  
your recent  
colour passport  
size photo with  
formal dress.  
Don't staple &  
don't fold.

## Application for Associate Membership

1. Name of the Applicant: \_\_\_\_\_

2. Name of the Working Institution with address: \_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_

3. Designation: \_\_\_\_\_ 4. Educational Qualification: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ 6. Gender: \_\_\_\_\_ 7. Total Experience: \_\_\_\_\_

8. Full Address for Communication: \_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_

9. Mobile No.: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

10. Associate Membership Fee Payment Details:

**Amount: 25,000.00 (Twenty-Five Thousand Only)**

Payer's Name: \_\_\_\_\_ UPI ID: \_\_\_\_\_

UPI Transaction ID: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration:** I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief and I assure the association that I will obey the rules and regulations applicable to the associate members time to time.

**Scan & Pay**

DR S RADHAKRISHNAN TEACHERS  
WELFARE ASSN

**TID: 62797858**



Signature of the Applicant

**OFFICE USE ONLY**

Approved for the year: \_\_\_\_\_ State: \_\_\_\_\_

Associate Membership No.: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised Signature