

Society for Aerospace Quality and Reliability

(Registered with Govt. of Andhra Pradesh, Registration No:1043 of 2002)

C/o Gas Turbine Research Establishment (GTRE), DRDO, Min of Defence,
Dr APJ Abdul Kalam Road, CV Raman Nagar, Bengaluru -560075

Phone: +91 80 2504 0833/ 0632, Fax: +91 802524 1507



APPLICATION FOR MEMBERSHIP (INDIVIDUAL)

Name: Ms. /Mr. Date of Birth:
(B L O C K L E T T E R S)

Designation:

Organisation:

e-mail :

Telephone : Mobile: Office: Res:

Address for correspondence:

.....

City:..... State:..... Pin:.....

Paste a recent
passport size
color
photograph

Qualification:

Degree & Subject	Year of completion	Institute & Place

Experience:

Organisation	Period		Principal assignment
	From	To	

Details of Published work (If the space is not sufficient, details may be given on separate sheet)

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Membership of professional societies

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Recommendation of Proposers: (The application must be recommended by two life members of Society)

Based on personal knowledge of the applicant and her /his qualification and experience I recommend her / him as a proper person to belong to the Society.

Sl. No	Name of Proposer	Membership No.	Signature
1			
2			

Payment Details: DD/Cheque * No. _____ Date: _____ Amount **: Rs _____

* DD/Cheque shall be drawn in favour of "SOCIETY FOR AEROSPACE QUALITY AND RELIABILITY" payable at Bengaluru.

** Individual-Life Membership fee effective 01-01-2009 is Rs. ~~1500/-~~
2000

Undertaking: I, the undersigned, do hereby declare that the statements made herein are correct and that in the event of my enrolment as a member, I agree to be governed by the rules of the Society as they now exist and as they hereafter be amended.

Date:

Signature

Note: Filled in form may please be sent along with cheque/DD to Secretary, SAQR, C/o Gas Turbine Research Establishment, DRDO, Dr.APJ Abdul Kalam Road, C.V.Raman Nagar, Bangalore-560093. For further clarifications contact sagrindia@gmail.com or 080-25040833/25040632

To: Secretary,
SAQR

For the use of SAQR			
Date of receipt of application	SAQR Receipt No & Date	Membership No & Enrolment Date	Remarks

Secretary