## **INSTITUTE FOR NARCOTICS STUDY AND ANALYSIS**

A-417, SOM DUTT CHAMBERS – 1, 5, BHIKAJI CAMA PLACE, NEW DELHI-110066

## **MEMBERSHIP APPLICATION FORM**

To

Place.....

Date.....

President INSTITUTE FOR NARCOTICS STUDY AND ANALYSIS A-417, Som Dutt Chambers-1, 5, Bhikaji Cama Place, New Delhi – 110066
Sir,
I hereby apply for membership of the Institute for Narcotics Study and Analysis (INSA) under Rule 5 of the Rules & Regulations of the Institute for Narcotics Study and Analysis.
I have read the Memoradum of Association & Rules and Regulations of the Institute and agree to abide by them. I agree to pay the entrance fee/annual subscription as may be required from time to time under the Rules in force. I understand that the decision of the INSA regarding membership will be final. Bank Draft/Cheque No
The information given by me in this application is true to the best of my knowledge.
Yours faithfully,
(Signature)

Name .....

## **PARTICULARS OF THE APPLICANT**

Affix here Photograph of self

1.	Name of the app	icant				
2.	Nationality					
3.	Sex					
4.	Date of Birth	Day Month Year				
5.	Marital Status					
6.	Address					
7.	Telephone Numb	pers(s) (off.)				
		(Res.)				
8.	Email Mobile No					
9.	Educational Qua	cational Qualification				
10.	Professional Qua	Professional Qualification(s)				
11.	Profession	Academic Artist Architect Banker  CA Consultant Civil Services Defence Services  Doctor Executive Legal Media  Politician Scientist Self employed Sports  Others (Please specify)				
12.	Name of organisation in which employed					
13.	Designation					
14.	Annual Income					
15.	Activities in Publi	Activities in Public Affairs				

16.	Membership of other Societies/Associations/Clubs/Other organizations					
17.	INSA'S Activities which are of special interest to you					
	Preparation of Research/ Study Papers     2. Lectures/Seminars/Discussions     3. Publications					
	4. Any other (pl. specify)					
18.	In what way can you contribute to and benefit from the objectives/activities of INSA					
19.	Whether you had applied for INSA membership earlier?  If yes, kindly mention the date on which your applied					
	Signature					
	Applicant					

## FOR OFFICE USE ONLY

1.	Date of Receipt	2.	Number Assigned : No. INSA-09/
2.	Bank Draft/Cheque Nodtdtdraw onfor Rs. 2,500/-	3.	Accepted/Rejected
4.	Date on which information sent	5.	Entrance Fee Received in bank
6.	Remarks		

- Only the applicants whose requests for membership are accepted will be informed by post.
   No intimation will be sent to those applicants whose request has not been accepted. INSA does not maintain any waiting list of applicants.
- Incomplete form is liable to be rejected and not processed.

Signature of applicant