



VBF MEMBERSHIP APPLICATION FORM

My details are given below:

Name: Mr./Ms./Dr./Prof (Please tick): _____

Father's/Husband's Name: _____

Academic Qualifications: _____

Designation: _____

Institution's Name: _____

Address of Communication (including state, city/town and pin code):

PLEASE AFFIX
PHOTOGRAPH
HERE

Mobile Number: _____, E-mail: _____

DETAILS OF REMITTANCE:

Associate/Life Member/ Overseas/ Student Member/ Institution Member/ of VBF (Pl. tick).

NEFT/ Payment No. _____ **of USD/Rs.** _____

Dated _____

Please specify your area of interest:

Date:

Signature:

Note

VBF Associate: Rs. 50,000/-

Institutional Life Membership: Rs. 1,00,000/- (Govt.)

Institutional Life Membership: Rs. 2,00,000/- (Corporate)

Overseas Membership: USD 300.00

Faculty Life Membership: Rs. 15,000/-

Student Life Membership: Rs. 5000/-

Student Membership: Rs 1000/- (Student Membership is valid up to 2 Yrs.)

Eligibility of Membership for students: Graduates in any discipline of science are eligible for membership.

Bank Account Details: A/C Name: **Vigyanvardhan Blessed Foundation** A/C No.: **923010040241491**

Bank and Br.: Axis Bank, South Extension-1 IFSC: **UTIB0003108**

The duly Filled Membership form along with payment receipt must be mailed to:

Email id: **vblessedfoundation@gmail.com**