INDIAN ASSOCIATION FOR WOMEN’S STUDIES

**MEMBERSHIP FORM**

Please fill in CAPITALS

**Personal information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (in full): |  | | |
|  |  | | |
| Gender |  | Age |  |

|  |  |
| --- | --- |
| Educational qualifications |  |

|  |  |
| --- | --- |
| Permanent Address: |  |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City |  | PIN |  | State |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Mobile |  |

|  |  |
| --- | --- |
| E.mail: |  |

|  |  |
| --- | --- |
| Mailing Address:  (if different from above) |  |
|  |
|  |

Interest in Women’s Studies (Please tick categories applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Teaching/ |  | Activism |  | Writing |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Research |  | Media & Communication |  | Administration of Programmes |  |
|  |  |  |  |  |
| Any other |  |  |  |  |

|  |  |
| --- | --- |
| Life Membership (Rs.1500/-) |  |

|  |  |
| --- | --- |
| Student (Rs.250/-) (valid for 3 years) (Attach proof of Student ID)(**Age limit is below 35 years)** |  |

|  |  |
| --- | --- |
| Institutional (Life) Rs.10000/- |  |

|  |  |
| --- | --- |
| Friends of Association $100 (in Rupees equivalent) |  |

Details of Payment:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DD/ Cheque No. or UPI Reference |  | Date: |  | Rs. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Bank: |  | Branch: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Place: |  | Date: |  | Signature: |  |

**For Electronic Bank Transfer**

NAME OF BENEFICIARY: **INDIAN ASSOCIATION FOR WOMEN’S STUDIES**

BANK NAME : INDIAN OVERSEAS BANK

BRANCH OF BANK: GOLE MARKET

ADDRESS OF THE BANK : 94, BANGLA SAHIB ROAD, NEW DELHI – 110 001

TYPE OF ACCOUNT : SAVINGS BANK ACCOUNT

ACCOUNT NUMBER: **084001000017542**

IFS CODE : **IOBA0000840**

SWIFT CODE : IOBAINBBA997

BY CHEQUE/DD: NAME:  **INDIAN ASSOCIATION FOR WOMEN’S STUDIES**

Note: Please mention the Transaction ID, Date and sender’s name and mark as ‘Membership fee’ in Debit/Credit column.

**PAY BY UPI**



Postal Address:

**Ms. Mini Sukumar**

**General Secretary**

**Indian Association for Women's Studies**

C/o. Department of Women’s Studies

University of Calicut

Malappuram District

Kerala 673 635

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