

PERA Membership Form

Form No: _____ (*For PERA Official Use*)

Name of the University:

University established under act:

Correspondence Address:

Website URL:

Details of Contact Person:

Name:

Designation:

Contact Number:

Email ID:

Mobile Number:

PREEMINENT EDUCATION AND RESEARCH ASSOCIATION



Payment Details:

(if payment done by RTGS, then mention UTR No.)

DD Amount.:	DD Number:
Bank Name:	Branch:
IFSC Code:	Date of DD drawn:

Declaration:

I/We hereby confirm that above-mentioned information is true and correct to the best of our knowledge and belief; I/We further understand & agree all the objectives & guidelines laid down concerning membership.

I/We hereby confirm that the payment under consideration is contribution for Life Membership of PERA and is non-refundable.

Place:

Date:

(Applicant Signature & University Seal)

Applicant Name: _____