



THE MATHEMATICS CONSORTIUM

43/16, Gunadhar Bangalow, Erandavane, Pune 411004, India

Regd. No.: Maha/562/2016/Pune

E-mail: themathconsortium@gmail.com

Application Form For Society/Institutional Membership

Name of the Organization : _____

Number, Place and Date of Registration : _____

Type (Tick any one) : Society/Association/Academy/Institution/Other/.....

Address (Official) : _____

Phone : _____ Mobile _____

Email : _____

Activities/ Level

Name of President/Director : _____
/Principal/Chairman

Details of Research Activities : _____

Membership Amount (For 10 years) : Rs. 3000/- (one representative), Rs. 5000/- (two representatives),
Rs. 10000/- (three representatives for societies with 1000 or more general members), Rs. 20000/- Institutional Membership
Donation (if any) Rs.....

Mode of Payment : Online / DD / Cheque / Cash details:

Nomination for voting :

Sr. No.	Designation	Name	Email address	Mobile No.
1				
2				
3				

Other Details (if any) : _____

The Amount should be deposited to:

Kotak Mahindra Bank

M-4, Virwani Plaza, 11 East Street, Lotus Rd, Camp,
Account Number: **9412331450** (The Mathematics Consortium)
IFSC Code: **KKBK0000721**
East Street Branch, Pune, Maharashtra 411001, INDIA

Date

Authorized Signature with Stamp

Address for Correspondence: C/o Bhaskaracharya Pratishthan
56/14, Erandavane, Damle Path, Off Law College Road, Pune-411004