



LRC Annual Institutional Membership Form

Name of the Institute:

Mailing Address:

First line of your mailing address (do not include your name)

Second line

Third line

City

State

Country

Pin Code

Name of the Single Contact person

E-mail Address

Office Phone Number -1

Office Phone Number -2

Designated Member Details:

Name 1:

Designation:

E-mail Address1

E-mail Address2

Phone Number-1

Phone Number-2

Name 2:

Designation:

E-mail Address1

E-mail Address2:

Phone Number-1

Phone Number-2

Name 3:

Designation:

E-mail Address1

E-mail Address2

Phone Number-1

Phone Number-2

Name 4:

Designation:

E-mail Address1

E-mail Address2

Phone Number-1

Phone Number-2

Name 5:

Designation:

E-mail Address1

E-mail Address2

Phone Number-1

Phone Number-2

Note: Please enclose the photographs of the designated people along with the Membership Form.

(Each Institute/Organization is issued with a maximum of five Identity cards. Each card would be charged at ₹.100/-)

Institutional Membership Deposit

- ₹. 25, 000/- as One time Security Deposit (**refundable**)
- ₹. 25, 000/- as Membership, Fee (**annual**)

Payment Process:

The filled in *Membership form* should be submitted along with a signed copy of the *Membership Guidelines* to the LRC along with a DD/Cheque payable to The Indian School of Business at the address mentioned below:

Dr. S. Venkadesan
 Director - Learning Resource Centre
 Indian School of Business
 Gachibowli
 Hyderabad – 500 032

Tel: +91-40-23187999/7963
 Fax: +91-40-2300 7023

Authorized Signature

Date / /

For official use only:

Membership Period – Start Date / / Date of Expiry / /

Amount: Cheque/DD/Cash # Date / /

Name of the Bank: Branch:

Authorised Signature Date / /