



LRC Annual Professional Membership Form

Name of the Person:

Mailing Address:

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

Second line

Third line

City

State

Country

Pin Code

Alternate Mailing Address:

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

Second line

Third line

City

State

Country

Pin Code

E-mail Address 1

E-mail Address 2

Office Phone Number

Personal Phone Number

Note: Please enclose a photograph along with the Membership Form.

Professional Membership Deposit

- ₹.15, 000/- as One time Security Deposit (**refundable**)
- ₹. 10,000/- as Membership, Fee (**annual**)

Reference:

Faculty/Staff Name:

Designation:

Signature:

Email ID:

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

E-mail lrc_isb@isb.edu

Authorised 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 / /