Institution for Secreetarial Practices & Development (**INSPIRE**)

Application Form for Membership

Name:_____

Last Name:_____

Date of Birth:_____

Address:_____

City:_____

State:_____ Pin:_____

Phone:_____ Cell Phone:_____

Postal Address: ☐ Office ☐ Residence

Name of Organisation:_____

Present Postion:_____

Address:_____

City:_____

State:_____

Phone:_____ Facsimile:_____

E-mail:_____

Payment Mode: ☐ DD ☐ Cheque (Rs. 200/- in favour of Inspire, Chandigarh)

ACADEMIC QUALIFICATIONS & OBTAINED FROM

_____

_____

PROFESSIONAL QUALIFICATIONS & OBTAINED FROM

_____

_____

IS MEMBERSHIP SPONSORED BY COMPANY

☐ Yes ☐ No

A Brief Summary of your Responsibilities at Work