



NATIONAL HRD NETWORK, KOLKATA CHAPTER

FD -132, SECTOR - III, SALT LAKE, KOLKATA - 700106

Email id: coordinator.nhrdnkolkata@gmail.com Contact No: 9874358000

INDIVIDUAL MEMBERSHIP FORM

Type of Membership applied for: (Please tick) Life Annual Student

Title (Please tick) Mr Ms Mrs Dr Prof

1. **First Name:** _____ Middle Name: _____ Last Name: _____

2. Current Organization's Details

3. Organization: _____

4. Designation: _____

5. Email Id (Official): _____

6. Email Id for Login: _____

7. **Correspondence Address:** _____

City: _____ State: _____ Pin Code: _____ Mobile #: _____

8. **Permanent Address:** _____

(Please fill: in case if it is different from correspondence address)

City: _____ State: _____ Pin Code: _____ Mobile #: _____

9. Date of Birth: _____

10. Total Work Experience: _____ (yrs.) _____ (Months) As on _____

11. Professional Qualification:

S. No.	Course	Yr. of Passing	Institute	University

(Add More)

12. How did you come to know about NHRDN: (Please tick)

NHRDN Website Newspaper/Magazine Conference/Seminars/Training Programmes

Reference from Friends/Colleagues NHRDN Webinar Others _____

13. If referred by Friends/Colleagues:

Name of the Member: _____ Membership No. _____

14. Please provide any 2 reference who would like to become NHRDN Member

Name: _____ Contact No. _____

Name: _____ Contact No. _____

15. In what manner you would prefer to be associated with NHRDN

- Special Events
- Conference/Seminars/Webinar/Learning Centers & other Training Programmes
- Volunteering in Special Projects & Events
- Others, please specify _____

16. Member of other Professional Bodies: Yes No

If YES, please specify _____

17. I would like to receive updates from National HRD Network:

- Yes
- No

I am interested to become member of 'National HRD Network' and accordingly have provided the desired particulars. I do agree to abide by the rules and regulations of National HRD Network. Enclosed are the Cheque/Bank Draft No. _____ Dated _____ in favor of 'National HRD Network' for Rs. _____ (Rupees _____) towards the membership. (Membership fee is Non – Refundable)

I declare that the statements made through this application are correct to the best of my and belief and that I agree to be governed by the By-Laws of the National HRD Network (NHRDN) as, they now exist and hereafter if they be altered. I further undertake that I will promote the objectives of NHRDN. If at any time I fail to comply with the requirements if the NHRDN with regards to the membership, I undertake to return the Membership ID Card and privileges associated with the membership. I also undertake to abide by the NHRDN Code of Conduct that the NHRDN National Executive Board may frame from time to time.

Date: _____

Signature: _____