

FORM - 1
Application for the Membership of the Association

Date of Application: _____

1) Name of School / Educational Institution: _____

Year of Establishment of School: _____

2) Complete Postal Address of the School : _____

Contact number: _____ Website: _____

Email ID: _____

3) Name of Trust/Society/Sec. 25/Sec. 8 Company: _____

Name of Trustee/Director: _____ Designation: _____

Mob/Tel Number : _____ Email Id: _____

Address of the Trust/Society/Sec. 25/Sec.8 Company : _____

4) Type of School Management namely : _____
Public Charitable Trust / Society / [Please attach certified true copy of Trust/Society/Company Registration Certificate]
Sec. 25/Sec. 8 Company

5) Status of School Management namely : _____
- Private Unaided [Please attach certified true copy of Minority Certificate, if applicable]
- Private Unaided Minority

6) Name of Principal / Contact Person : _____

Contact Person Designation : _____

Telephone/Mobile Number : _____

7) Type of School/Educational Institution Affiliation : _____
[STATE/CBSE/CISCE/IB/CAIE] [Please attach certified true copy of State NOC / Board Affiliation Certificate]

Year of Affiliation : _____

8) Membership Opted : Lifetime Membership (₹ 10,000/- one-time) Annual Membership (₹ 1,000/- per annum)
(Please tick)

9) Details of payment of Membership Registration Fees :

Amount in words : _____ Date : _____

Cheque no : _____ Drawn on: _____

NEFT / RTGS / Cash / Other Details: _____

UNDERTAKING

I/We, (1) Ms./Mr. _____ (Name & Designation)

(2) Ms./Mr. _____ (Name & Designation)

for and on behalf of _____ (School)

do hereby undertake that I / We have read, understood and shall abide by the Memorandum of Association and Rules & Regulations of the Association and actively participate in its deliberations.

Place: _____

Date: _____
Name & Signature of the Authorised Person
With Rubber Stamp

ASSOCIATION OF INDIAN SCHOOLS

CTS No. 104-E, Near Aster Society, Fire Brigade Road, Opp. Oberoi Mall, Dindoshi,
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Reg. No. 665/2014 - Mumbai | F58288/2014

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