

# SHIKSHA MITRA

## (शिक्षा मित्र)

LG 1 & 2, Nirmal Heights, Near Mental Hospital, Old Agra-Mathura Road,  
AGRA-282 007 (U.P.)  
PHONE : (0562) 2601080

**Membership- Rs. 1000/- (for Five Years)**      Receipt No. ....

Please fill the form and indicate type of membership with full payment by Bank Draft in Favour of **SHIKSHA MITRA** payable at Agra at the above mentioned address.

Draft No. .... Bank ..... Amount.....

Cash / Mo..... Date..... Amount.....

### MEMBERSHIP PARTICULARS

Name (Block Letters) .....

Date of Birth ..... Sex .....

Education.....

Profession.....

Teaching Experience .....

Areas of Specialization .....

Designation .....

Official Address .....

Residential Address .....

.....  
e-mail address.....

Phone No. .... Mobile No. ....

Approval

Member Signature