

APPLICATION FOR FELLOWSHIP - APFASL

SPECIAL FELLOWSHIP SCHEME

Membership No:

Date of admission as
an Associate member:

1. NAME IN FULL (as in Members' Directory)

- (a) Surname.....
- (b) Other names
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- 2. PHONE NO** Home / Mobile:
- Office:

3. WORK EXPERIENCE OBTAINED AS AN ASSOCIATE MEMBER

(3.1 to 3.5 is to be repeated for each substantial change in job role/ position else please attach a detailed resume with your application)

3.1 Name & address of employer

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3.2 Place of Work

.....

3.3 Designation of member

3.4 Duration From: To:

3.5 Work Responsibilities

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4. OTHER QUALIFICATION / MEMBERSHIP OBTAINED

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5. DECLARATION

I certify that the information given in this form is correct and I hereby for Fellowship of the Association on the basis of the particulars given.

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Signature

.....
Date

6. TERMS AND CONDITIONS

1. Member should have completed a minimum of uninterrupted ten years working experience as at date of application after admission to Associate Membership.
2. The decision of the Board of Management will be final in the award of fellowship
3. Membership fee for Fellow members is Rs. 1,200 per annum.