

11	Type of organization: (check \surd) <input type="checkbox"/> Public Water Management/Water Services Agency <input type="checkbox"/> Other Government Agency(State Municipality) <input type="checkbox"/> Water User Association <input type="checkbox"/> Private Water Management/Water Services Agency <input type="checkbox"/> Non Government Organization (NGO) <input type="checkbox"/> United Nations Agency <input type="checkbox"/> Inter-Governmental Agency <input type="checkbox"/> Consultancy Organization <input type="checkbox"/> Professional Association <input type="checkbox"/> Research/Education/ Training Organization <input type="checkbox"/> Funding Organization <input type="checkbox"/> Other (specify)	
12	Whether organization is a registered body: Under which act: Registration no.: PAN Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Whether organization has a FCRA account : If yes, FCRA A/C no.	<input type="checkbox"/> Yes <input type="checkbox"/> No

14	Whether the organization's account are formally audited by an appropriate authority or agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Objectives of the organization:	
16	Short description of the main activities of the organization: (Research, Action, Advocacy, etc.)	
17	Any other relevant/useful information:	

(B) For Individual (Applicable for individual applicant only)

Sr No	Subject	Particulars
(I)	Name of Applicant	
(II)	Father's/Husband's Name:	
(III)	Permanent Address:	
(IV)	Correspondence Address:	
(V)	Date of Birth:	
(VI)	Occupation:	
(VII)	Phone number:	
(VIII)	Email id:	
(IX)	Pan Card (attach self-attested copy if available)	

I certify that:

- (i) I unconditionally subscribe to the aims & objects of the Society and contribute towards attainment of same.
- (ii) I will abide by the Byelaws of the Society, as applicable and amended from time to time.
- (iii) I have not been convicted to an offence involving moral turpitude involving imprisonment.

I am enclosing with herewith the following Documents which in best of my knowledge are true and not fabricated:

- (i) Copy of _____ towards proof of Identity. (self-attested) (pan card/voter id/ driving license/passport/registration certificate)
- (ii) DD/Pay Order/Cheque Number _____ dated _____ for Rs _____ drawn in favour of _____ towards Life/Annual/Renewal of membership fees. (tick mark which is applicable)
- (iii) Two passport size and one stamp size photographs.

I request you to kindly admit me as a _____ (Annual Member/Life Member) of the Society.

Yours Faithfully

Name:

Organisation Name:

Date:

Signature and Seal :

Note:

1. MICR Cheque or Demand Draft for Membership should be sent in favour of India Water Partnership payable at New Delhi.
2. All correspondence should be made on the following address:

Dr. Veena Khanduri,
Executive Secretary,
India Water Partnership
Secretariat-WAPCOS Ltd.
76-C, Sector-18, Institutional Area
Gurgaon - 122015 (Haryana)
Tel. : (+91-0124) 2348022 (D); (91-0124) 2399421, Extn : 1404
Fax : (+91-0124) 2397392
E-mail : iwpneer@gmail.com
Website : www.cwp-india.org

3. Fee Structure:

Life Membership	- Rs.10,000/- (one time fee)
Annual Membership	- Rs. 2,500/- (for new members)
Renewal of Annual Membership	- Rs. 1,000/- (for those who are already annual members)