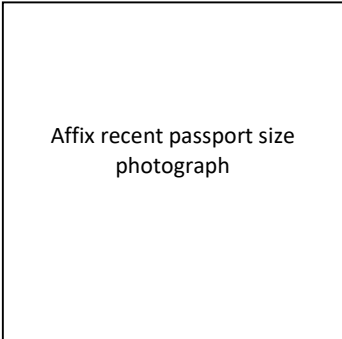


## APPLICATION FORM FOR MEMBERSHIP OF INDIA WATER PARTNERSHIP

**Note:**

- (i) to be filled in capital letters only
- (ii) Please read and fill this form carefully



**General information**

1. If already a member of IWP : *Since when? Year.....*
2. If applying for new IWP Membership : Life Member  Annual Member  Youth Member

**(A) For Organization/Company/Firm/Institution other than individual**

1	Name of the Organization *	
2	Acronym:	
3	Name of the Authorized Representative (whose name would appear in our records and Registrar of Society on behalf of the Organization) * <b>*Note: This name could not change in future in registrar of Society</b>	
4	Designation*:	
5	PAN No. *  Aadhar No. *  (attach Self attested	

	copy) of authorized representative			
5	Address of the Organization*:			
		Phone:	(Mob.):	Fax:
		E-mail:	Website:	
6	Name of the CEO/Head*			
		Phone:	(Mob.):	
		E-mail:		
7	Contact Person* (with whom IWP correspondence will be maintained)			
		Phone: (O)	(Mob.):	
		Fax:	E-mail:	
11	Type of organization: (check ✓)	<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"/> Consultancy Organization <input type="checkbox"/> Non-Government Organization (NGO) <input type="checkbox"/> United Nations Agency <input type="checkbox"/> Inter-Governmental Agency <input type="checkbox"/> Funding Organization <input type="checkbox"/> Private Water Management/Water Services Agency <input type="checkbox"/> Consultancy Organization <input type="checkbox"/> Professional Association <input type="checkbox"/> Other (specify) <input type="checkbox"/> Research/Education/ Training Organization		
10	Date of establishment/ incorporation*:			
12	Whether organization is a registered body:	<input type="checkbox"/> Yes <input type="checkbox"/> No .....		
	If yes, Under which act: Registration no.* PAN Number* (attach self-attested copy)			
13	Whether organization has 12AA Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No .....		
	If yes, Please mention the no.			

14	<p>Whether organization has 80G Certificate</p> <p>If yes, Please mention the no.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>.....</p>
15	<p>Whether organization has a FCRA account :</p> <p>If yes, FCRA A/C no.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>.....</p>
16	<p>Whether the organization's account are formally audited by an appropriate authority or agency</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>.....</p>
17	<p>Objectives of the organization:</p>	
18	<p>Short description of the work areas of the organization: (Research, Action, Advocacy, etc.)</p>	
19	<p>Any other relevant/useful information:</p>	

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

<b>Sr No</b>	<b>Subject</b>	<b>Particulars</b>
<b>(I)</b>	Name of Applicant	
<b>(II)</b>	Father's/Husband's Name:	
<b>(III)</b>	Permanent Address:	
<b>(IV)</b>	Correspondence Address:	
<b>(V)</b>	Date of Birth:	
<b>(VI)</b>	Occupation:	
<b>(VII)</b>	Phone number:	
<b>(VIII)</b>	Email id:	
<b>(IX)</b>	Permanent Account No.* (attach self-attested copy)	
<b>(X)</b>	Aadhar No.* (attach self-attested copy)	

**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 of an offence involving moral turpitude involving imprisonment.

**I am enclosing herewith the following Documents which are true to the best of my knowledge and have not been fabricated:**

- (i) Copy of \_\_\_\_\_ towards proof of Identity. (self-attested)  
(pan card/voter id/ driving license/passport/registration certificate)
- (ii) DD/Pay Order No. \_\_\_\_\_ of \_\_\_\_\_ (Bank name & Branch) dated \_\_\_\_\_ for Rs \_\_\_\_\_ towards Life/Annual/Renewal of membership fees. (tick mark which is applicable)
- (iii) Two passport size and one stamp size photographs.
- (iv) PAN & Aadhar of Representative & Organization's PAN

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

Yours Faithfully

Name:

Organization Name:

Date:

Signature and Seal:

**Note:**

- 1. Payment through Demand Draft/Pay Order is acceptable in favour of India Water Partnership payable at New Delhi as Membership fees**

Membership fees may be sent through NEFT. The details for NEFT is given below:-

Beneficiary Name : India Water Partnership

Bank name & No. : Canara Bank, Saving Bank account no. 90382010072677

Branch : KG Marg (Curzon Road), Delhi

IFSC : CNRB0019038

- 2. All correspondence should be made on the following address:**

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](mailto:iwpneer@gmail.com)

Website: [www.cwp-india.org](http://www.cwp-india.org)

- 3. Fee Structure:**

Life Membership	- Rs.10,000/- (One-time fee)
Annual Membership	- Rs. 2,500/- (new members)
	- Rs. 1,500/- (renewal of membership)
Youth membership (Annual)	- Rs. 500/- (new members and renewal thereof)

- 4. Self-attested Documents required :**

- Aadhar card of authorized representative
- Pan card of authorized representative
- Pan card of Organization
- Registration certificate of organization
- 80G and 12AA Certificate
- Any other certificate and declaration

**Form for registration with “Registrar of Society” for newly added Member**

\*Note: Please note that list of details mentioned below are mandatory details as per Registrar of Society, Haryana for new member addition

<b>Name of Member</b> *Note :Name of person, who is authorized representative of organization , this name will use for one time registration and will not change in future)	
<b>Father's Name of Member</b>	
<b>Full Address of Member</b>	
<b>State</b>	
<b>City/Town/Village</b>	
<b>District</b>	
<b>Pin Code</b>	
<b>Date of Birth</b>	
<b>Designation</b>	
<b>Qualification</b>	
<b>Occupation</b>	
<b>Caste</b>	
<b>Mobile number</b>	
<b>Membership Number (to be filled by IWP)</b>	
<b>Date of Enrollment (to be filled by IWP)</b>	
<b>Membership Fee details :DD/ Cheque/ Pay order , Amount , Date (to be filled by IWP)</b>	

(Signature)

