

**APPLICATION FORM FOR MEMBERSHIP OF
INDIA WATER PARTNERSHIP**

Affix recent passport size
photograph

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 on behalf of the Organization)			
4	Designation:			
5	PAN & Aadhar No.* (attach Self attested copy)			
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 make correspondence)			
		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"/> Research/Education/ Training Organization <input type="checkbox"/> Other (specify)
10	Date of establishment/ incorporation:	
12	Whether organization is a registered body: If yes, Under which act: Registration no.* PAN Number* (attach self-attested copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Whether organization has 12AA Certificate If yes, Please mention the no.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Whether organization has 80G Certificate If yes, Please mention the no.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Whether organization has a FCRA account : If yes, FCRA A/C no.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Whether the organization's accounts are formally audited by an appropriate authority or agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Objectives of the organization:	

18	Short description of the work areas of the organization: (e.g, Research, Action, Advocacy, etc.)
19	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)	Permanent Account No.* (attach self-attested copy)	
(X)	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 _____ Member/Youth 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 Gurgaon.

The Bank details for the online payments are given below:

Beneficiary's Name : India Water Partnership
Bank Name & Branch : Syndicate Bank, Curzon Road, KG Marg, New Delhi.
Account No. : 90382010072677
IFSC : SYNB00009038

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/- (new members)
	- Rs. 1,500/- (renewal of membership)
Youth membership (Annual)	- Rs. 500/- (new members and renewal thereof)

* Fields are mandatory.