

Indian Society for Buddhist Studies

[Registered under the Societies Registration Act VI of J & K vide No. $4\,1\,1\,3$. 5 of $2\,0\,0\,2$]

MEMBERSHIP FORM

For Office Use only		Paste your one recent Photograph her
	Membership Fees	
Indian Citizens Foreign Nationals		
i. Annual: Rs.500/- A.SAARC Coun	ntries B. Other Countries	
ii. Life: Rs.2000/- US\$50US\$100		
iii. Donor: Rs.3100/-(inclusive of Li	fe membership fee)	
iv. Institutional: Rs.2000/- (Annual)		
Payment of Membership Fee shall b The Secretary, Indian Society for Bu	e accepted only through online/DD/Ch uddhist Studies payable at Jammu.	eque in favour of
1. Name (in block letters):		
,		
3. Occupation:		
4. Academic Designation:		
5. Name and address of the Institution	on working	
with:		
6. Date of Birth:	7.Nationality:	
8. Address for Correspondence:		

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9. Ph.No: 10. Mobile:

.....

11. Email:

12. Type of Membership sought:	
13. Details of Fee Paid:	
Place:	
Date:	Signature of the Applicant
LAST DATE FOR ENROLMENT AS A MEMBER IS	JULY 31, 2024
Eligibility condition	s for Membership
An application for Membership shall be accepted if the ap Studies or any allied subject, or is undertaking research lea	plicant (a) holds at least a Post-Graduate Degree in Buddhist ading to M.Phil./Ph.D. degree.
Note: The Secretary is authorized to reject an application is review of his decision is made by the applicant to the Execute meeting or by correspondence.	f none of the above criteria is met, provided that an appeal for cutive Committee, which may consider it either at its next
Declai	ration
I,	here by declare that the particulars
given in this application are correct to the best of my know	rledge and belief.
Place:	
Date:	Signature of the Applicant
Identity Ve	
	and have a great pleasure in verifying and
recommending his/her application for membership of the	
	Signature: Name:
	Designation & Address:
	(With Seal)

Applications for fresh membership shall have to be verified and recommended by a Professor or Head of a University Department or some other university authority or by State or Union Government or by a Statutory Body or by a well-established Research Institute or by one who is an Office-bearer of the ISBS. This condition is, however, not applicable to persons who are Life/FounderMembers. All Life/FounderMembers are also required to fill up the Membership Form even without enclosing their photographs and remitting any fee.

Note: In case of any difficulty or doubt, please feel free to write to the Secretary at: $\underline{\text{mailtoisbs@gmail.com}}$ or Whatsapp on +91-9433607690

Please post this form with requisite enclosures to:

Prof. Saswati Mutsuddy

Add.: Block-1, Flat-B, 5th floor, Sarada Housing Complex, 6, N. G. Basak Road, Kolkata-700080.

Indian Society for Buddhist Studies(Regd.) <u>DELEGATE REGISTRATION FORM</u>

Name of the Delegate (in capital letters):

Phone:
Email:
Age: Sex:
Title of the Paper:
Date and Time of the Arrival:
Date and Time of Departure:
Mode of Journey:
(Please indicate Train or Flight No.)
Delegate Fee with online transaction detail/DD No./Cheque detail:
Whether staying in accommodation provided by the ISBS or arranging his/her own:
Name of the Accompanying Guest(if any)
Relation with the Accompanying Guest
Date:
Place: Signature of the Delegate
The Delegate form with requisite Fee must reach on or before July 31, 2024 otherwise accommodation will not be assured.
For Office use only:
Allotted Room Noin