

Mahatma Gandhi Kashi Vidyapith, Varanasi - 221002

## **MEMBERSHIP FORM**

BASIC DETAILS:		
NAME:		
COURSE:	DEPARTMENT:	
FACULTY:	SEX: MALE / FEMALE / OTHERS	
REG. / ENROLLMENT NO.:		
ADDRESS:		
CONTACT:	EMAIL:	
FIELD OF INTEREST :		

(Signature)

**CLUB FACULTY INCHARGE** 

## Attach with this Form:

- Fees Receipts (photocopy)
- University ID Card (photocopy)
- Coloured Passport size Photo