

<u>Application for Educational Institute Membership</u>

		CORRECT	INCORRECT			
		X				
			in your selections ompletely.			
Name of organization Mailing address City Courses Offered (Tick One) Level (Tick all applicable)						
Field of Education (Tick One)	: - Management Engineering Both					
Number of full time	Faculty :	-				
Number of full time	students :	-				
Type of entity: -	Public limited company Partnership Private limited company Proprietorship	LLP Trust	/association			
National Accreditations:						
International Accre	editations :					



Names of Representative members to MRSI: -

SI no	Name	Designation	Mobile no	E-mail ID
1				
2				

What is your main reason for seeking MRSI membership {SINGLE REASON ONLY}?							
To have a voice with regulators							
To have a voice in the issues which are critical for the industry							
To maintain a reputation for professional integrity and credibility							
To increase the exposure of our organization through networking							
To increase the marketing exposure of our organization through showcasing our unique offerings							
Any others							
I/we declare that the information provided above is accurate and true and I/we agree to abide by the MRSI's rules and regulations and code of conduct.							
Signed by Authorized signatory	<i>(</i>						
Name	·-	Place: -					
Designation	:-	Date: -					
Stamp	:-						
Proposed by	:-						
Seconded by	:-						
For MRSI office use only							
Reviewed in MC meeting on	:-						
Review outcome							
Approved							
Rejected:							