



Application for Educational Institute Member 2020-2021

CORRECT <input type="checkbox"/>	INCORRECT <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please fill in your selections completely.	

Name of organization: -

Mailing address :-

City :- Pin :-

Courses Offered (Tick One) :- Full Time Part Time Both

Level (Tick all applicable) :- Graduate Post Graduate Doctoral

Field of Education (Tick One) :- Management Engineering Both

Number of full time Faculty :-

Number of full time students :-

Type of entity: -

- Public limited company
- Private limited company
- LLP
- Partnership
- Proprietorship
- Trust/association

National Accreditations :

International Accreditations :

Names of Representative members to MRSI: -

Sr. no	Name	Designation	Mobile no	E-mail ID
1				
2				

What is your one 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

Name :- Place: -
 Designation :- Date: -
 Stamp :-

For MRSI office use only

Proposed by :-
 Seconded by :-
 Reviewed in MC meeting on :-

Review outcome

- Approved
- Rejected : _____