

**INFORMATION TECHNOLOGY PRACTICE STUDY GROUP**  
**2014-15 REGISTRATION FORM**

<b>NAME</b>	
<b>MEMBERSHIP NO.</b>	
<b>NAME OF THE ORGANISATION, DESIGNATION &amp; FULL ADDRESS.</b>	
<b>CITY</b>	
<b>PIN CODE</b>	
<b>OFFICE PHONE NO.</b>	
<b>RESIDENCE PHONE NO.</b>	
<b>MOBILE NO.</b>	
<b>EMAIL ID</b>	
<b>AMOUNT RS.</b>	
<b>CHEQUE NO.</b>	
<b>BANK NAME &amp; DATE</b>	
<b>SIGNATURE</b>	