

Association of Knowledge Workers, Lucknow

Web site: www.akwl.org, Regn no 1963/2005-06, Dated 21-1-06,

Institutional Membership Application Form

Application for membership as Life or Annual member

Category of the Institution: Large/ MSME Enterprise Tick as applicable

1. Name of the Organization:

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2. Name and designation of Head of the Organization

(Dr./Er/Mr./Mrs.)

.....

3. Name & designation of nodal officer, (Mob no. and e mail address)

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4. Work Force (Numbers) and Annual turn over (Rs Cr)

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5. Nature of the Institution : Central Govt./State

Government/Public Sector/Private Sector/Autonomous

/Trust/Society /Proprietary Firm/ Education/ Training/Others

6. Address :

Office Address for Correspondence	
	Phone :
	Mobile :
	Email :
	Website :

7. Name and Designation of nominees to be Members of AKWL:

Name	Designation	Mobile number	Email address

8. Nature of Business: Manufacturing/ Services/
Other.....
9. Inception of the Organization (in
years).....
10. What services Institute expects from the AKWL (please
attach a note).....

.....
Name and Signature of Authorised signatory
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*Note: 1. kindly attach information brochure of your organization
2. SMEs /Micro enterprise are defined as per SME Act 2006. 3.
Kindly attach CV of the nominated members and personal
information about nominees 4. Pl send form to Mr Dileep Kumar,
E.D., AKWL, B 605, Rohtas Apartments, Vikas Nagar, Lucknow-
226022

Subscription rate: Annual membership-MSME Rs 4000 and
Large Rs 6000. For Life membership: MSME Rs 20000 and Large
Rs 30000. Payment may be made by cheque in favour of
Association of Knowledge Workers, Lucknow **OR** electronic
payment to Association of Knowledge Workers, Lucknow
ICICI Bank, Mahanagar Savings bank account number: 696101433013
RTGS/NEFT/IFSC code: **ICIC0001048**.

Please send Details of attached DD/Cheque No.
Dated in favour of "Association of Knowledge
Workers, Lucknow" or transaction details of electronic payment
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14. Authorized signatory, Name & Designation

For office Use Only

Approved By admission committee:

Signature of the Secretary:

Date:

Receipt No. and Date .:

