**NATIONAL CONVENTION OF EDUCATORS OF THE DEAF**

**N.C.E.D.(INDIA)**

**Registered Head Office:** Dept. of Education, AYJNISHD,

K.C. Marg, Bandra Reclamation, Bandra (W), Mumbai - 400050

Passport Size Photo For Life Membership

**MEMBERSHIP FORM**

**Life Membership / Associated Life Membership/ Annual Membership**

Please enter your name as you wish it to appear on your Membership card. Enter

the address at which you wish to receive your membership information& other information.

( WRITE IN BLOCK LETTER )

Name : Mr./Mrs./Ms./Dr. .

First Name Middle Name Last Name

Address: . .

.

City : . . State : . .

PIN: . . Email Address: . .

Phone No,: . . Mobile No: .

Prefix STD Code

Educational Qualification:. \_\_ . Current Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Qualification: . Year of Passing:. .

Passed From: . .

(Name of the Institution)

**Membership Fee: \* Life Membership - Rs. 2000/- for Special Educators (HI) and Rs.2500/- for Others.**

**NEFT Details:** National Convention of Educators of the Deaf, Bank name: UCO Bank, Branch: Kalanagar, Bandra, A/c no. 17310100000970, IFSC Code: UCBA0001731

I solemnly affirm to follow the constitution rules & regulations of the NCED-India & will be working for the furtherance of objectives of the Convention.

**Signature**:. .

Please send the filled **Membership Form** along with Payment details to **The President, NCED-India, C/o, Dept. of Education, Ali Yavar Jung National Institute for Speech & Hearing Disabilities (Divyangjan), Bandra Reclamation, Bandra(W), Mumbai 400050**

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**I-CARD APPLICATION FOR EXISTING LIFE MEMBER**

Please enter your name as you wish it to appear on your Membership card. Enter

the address at which you wish to receive your membership information& other information.

( WRITE IN BLOCK LETTER )

Name : Mr./Mrs./Ms./Dr. .

First Name Middle Name Last Name

Address: . .

.

City : . . State : . .

PIN: . . Email Address: . .

Phone No,: . . Mobile No: .

Prefix STD Code

Educational Qualification: Current Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Qualification: . Year of Passing:. .

Passed From: . .

(Name of the Institution)

Life Membership Receipt No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / Year : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Size Photo For Life Membership

Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_