



INDIAN NATIONAL CARTOGRAPHIC ASSOCIATION
APPLICATION FORM FOR MEMBERSHIP

Name : Mr./Ms..... Date of Birth.....

Qualifications.....

Position held.....*Grade of membership applied.....
(See reverse for details)

Present Address.....Permanent Address.....

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City.....Pin Code.....

State:-.....

Phone No. Email:-..... Mobile No.:.....

Experience/Papers presented (if space is inadequate an additional sheet may be attached).

Details of payment (**Bank Draft** may be drawn in the name of INCA on any Bank at Hyderabad. **No outstation cheque allowed**).

Amount	Mode	Details of Draft	Remarks
Rs.....	Cash/Draft.....		

I hereby declare that the foregoing is a full and correct statement to the best of my knowledge and belief.

Date.....

Place.....

Signature of Applicant

Proposed by.....

Membership No.....

Date.....

Signature of Proposer

Mailing Address – Secretary General, INCA, Room No.234, Second Floor, AP GDC Block,
Survey of India, Uppal, Hyderabad-500039
email: secretarygeneralinca935@gmail.com

Phone & Fax: 040-27202217

Website: <http://www.incaindia.org>

*Categories of Membership and Rates of fees payable:

Institutional Life Member Rs.25,000/-
Life Member Rs.2,000/- payable

For Office Use

Rs.....Receipt No. & Date.....Rs.....Receipt No. & Date.....

Rs.....Receipt No. & Date.....Rs.....Receipt No. & Date.....

Admitted as.....Member. Membership No.....Date of Admission.....

Treasurer

Joint Secretary/Secretary General