Focus on Excellence

PARENT - TEACHER ASSOCIATION

FEDERAL INSTITUTE OF SCIENCE AND TECHNOLOGY(FISAT)™

HORMIS NAGAR, MOOKKANNOOR P.O.- 683 577, ANGAMALY, KERALA

APPLICATION FOR MEMBERSHIP

1. Name of Student : .....Course : B. Tech / M.Tech / MBA / MCA /MCA (LE)
2. Admission No. : .....Roll No.....Branch.....Semester.....
3. Name of Parent (Father / Mother) : .....
4. Office Address

Pin Code	Email ID : Phone No. with STD code : Mobile No. : Fax :

5 Residential Address

Pin Code	Email ID : Phone No. with STD code : Fax :

6. Name & Address of local guardian, if any

Pin Code	Email ID : Phone No. with STD code : Mobile No. : Fax :

Place.....

Date..... Signature of Parent

(For office use only)

Membership No.....

Amount remitted:

1) Membership fee : Rs.....

2) Annual subscription : Rs.....

Total : Rs.....

Admitted on.....

Principal President