



PARENT- TEACHER ASSOCIATION

FEDERAL INSTITUTE OF SCIENCE AND TECHNOLOGY (FISAT™)
HORMIS NAGAR, MOOKKANNOOR PO, 683 577, ANGAMALY, KERALA

APPLICATION FOR MEMBERSHIP

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

Pin Code:

Email ID:
Phone Number:

5. Residential Address:

Pin Code:

Email ID:
Phone Number:

6. Name and Address of Local Guardian, If any

Pin Code:

Email ID:
Phone Number:

Place:

Date:

Signature of the Parent

(For Office Use Only)

Membership No:

Amount Remitted:

1. Membership Fee: Rs.....
 2. Annual Subscription Fee: Rs.....
- Total Rs.....

Admitted on:.....

Principal

President