

# ASSOCIATION OF REGULATORY AFFAIRS PROFESSIONALS

Registered under the Societies Registration Act XXI of 1860 Regn. No. S-E/1068/DSE

Quality Council of India (QCI) Membership No.-CORP/AT/5036

## MEMBERSHIP FORM

To,  
The Secretary General  
ASSOCIATION OF REGULATORY AFFAIRS PROFESSIONALS  
H.No.-313/87, S/F, Street No.-3, Tulsi Nagar, Inderlok,  
New Delhi-110035

Please  
Affix  
Passport size  
Photograph

Applicant Name (CAPITAL LETTER): \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email ID (CAPITAL LETTER ONLY) : \_\_\_\_\_

Complete Address (CAPITAL LETTER): H.No: \_\_\_\_\_ Street: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Qualification : \_\_\_\_\_

Name of Firm/Company/Institute: \_\_\_\_\_

Regulatory work experience: \_\_\_\_\_

Recommendation from First Governing Body Member, if any: \_\_\_\_\_

**I declare, that I am joining the association with my own acceptance and consent and not been forced by anyone and want to help the association to serve the professionals society with dignity, will not do any illegal activity which against the bye laws & constitution of the association.**

Tick: ASSOCIATED MEMBER  NOMINATED MEMBER  INDEPENDENT MEMBER

ORDINARY MEMBER  HONORARY MEMBER

Signature Applicant: \_\_\_\_\_ Date \_\_\_\_\_

### **Official Use Only:**

The scrutiny committee has examined your all details and hereby approves your Application for the Membership.

Membership No. : \_\_\_\_\_

Signature /Date

Treasurer

Signature/Date

Secretary General

**Payment details:** Enclose DD/CHEQUE in favour of '**ASSOCIATION OF REGULATORY AFFAIRS PROFESSIONALS**'

**A/c No.:06230200000757, IFSC Code:BARB0CURZON**

### **:MAIL THE APPLICATION FORM:**

Mr. TAUSIF AHMAD

ASSOCIATION OF REGULATORY AFFAIRS PROFESSIONALS

H.No.-313/87, S/F, Street No.-3, Tulsi Nagar, Inderlok, New Delhi-110035

Email id: info@arap.co.in, Mob: 9910988764

Note: Please send one extra stamp size photo with application form.

Encl: Self attested copy of Address Proof & Photo ID Proof.