**MAHAMANA INNOVATIVE TECHNOLOGIES WELFARE SOCIETY**

**Registration No. 411/2012-13; Renewable No. B366/2019-20**

**NGO Darpan,NITI - AYOG UNIQUE ID:UP/2019/0240486**

**121-Station Road, Bijauriya, Nawabganj, Bareilly, Uttar Pradesh, India- 243006**

[**contactmitws@gmail.com**](mailto:contactmitws@gmail.com)**,** [**contactmitws@mitws.org**](mailto:contactmitws@mitws.org)**, Web site:** [www.mitws.org](http://www.mitws.org)

**Phone no.: +91-9457566259, +91-8630583793, +91 5825 226755**

***For office use only*** *(do not write anything here)*

*Membership number:*

*Validity:*

*Membership fee paid/exempted:*

*Mode of payment (Cash/Net Banking/any other mode):*

*Official reference number/ receipt no.*

*…………………………………………………………………………………………………………………*

**Membership fees:**

100 INR annual for ordinary member

500 INR for 5 year ordinary membership

2000 INR for lifetime membership

Scientist/Technologists/Retired Professors who has exceptional profile can associate with MITWS as an Advisor (no membership required)

**Bank account detail**

Account holder name: Mahamana Innovative Technologies Welfare Society

Bank name: Oriental Bank of Commerce

Branch Address: Pilibhit Bypass road, Near SDM court, Nawabganj, Bareilly, Uttar Pradesh,

Pin 262406.

A/C No. 16212191013139

Branch Code: 101621

IFSC Code: ORBC0101621

MICR Code: 243022051

Society PAN: AACAM967E

**You can send membership fee/ donations by DD/Cash/ net banking, DD in favors of Secretary, Mahamana Innovative Technologies Welfare Society. Google pay: 09457566259, contactmitws@oksbi**

*Paste your passport size photo and ID in the box given below*

|  |  |
| --- | --- |
| *Photo* | *ID* |

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| --- | --- | --- |
| **Biographical data** | | |
| **Title**(*e.g. Dr., Prof.)* |  | |
| **Full name** |  | |
| **Father Name** |  | |
| **Date of Birth** |  | |
| **Age** |  | |
| **Gender** |  | |
| **Nationality** |  | |
| **Adhaar No.**  **or**  **Pass Port No.** |  | |
| **PAN No.** |  | |
| **Education** |  | |
| **Affiliated institute details** |  | |
| **Permanent Address**  **Email**  **Mobile number** |  | |
| **Research area and best 5 research papers** | | |
| **Awards and achievements** | | |
| **Type of membership and mode of payment of membership fees (draft/cash/net banking/Google Pay) give details:** | |  |
| **Type of linkage with MITWS : as,**   1. Institutional 2. R and D Lab 3. Research Collaborator 4. Industrial Partner 5. Funding partner 6. Volunteer 7. Expert Advisor 8. Social activist 9. Govt. Representative 10. Research Scientist from Abroad | |  |
| **Any other information you wish to share with us** | |  |

**Short Essays**

Please answer each of the following questions in your own words.

1. Why do you want to join the MITWS?
2. What contributions have you made to advance the status of science and/or young scientists and scholars?
3. Do you wish to give any other donation to MITWS (books, laboratory apparatus and instruments, furniture, or finance any the program as promoter.
4. Previous experience of technology development, scientific research, start up , social activities.
5. In which program of MITWS you wish to give your volunteer services (Tick your choices and give a short statement of purpose)
6. Research and Technology development (Technology Translation Center)
7. Rural development
8. Support research scholar (as mentor)
9. Implementation of technological solution (As consultant for industry)
10. Entrepreneurship development ( as financer/mentor for startup)
11. Project development and management
12. Youth development (charitable libraries/ science club)
13. Publications (Editor, Reviewer, Author)
14. General social activities ( as an active partner/ participant in funded projects)
15. Research Collaborations ( Give detail of project in which you are interested or wish to collaborate with us)
16. Any other suggestions/comments to upgrade the MITWS programs/ need to be implement for educational reforms/ technology development/ entrepreneurship development/ creative and innovative research work.

**Declaration**

I declare to the best of my knowledge that the information in this membership application form is accurate. I acknowledge that providing misleading or untrue information may lead to my application being rejected, or my membership of the MITWS being revoked. I will pay membership fee regularly, participate in the yearly general meetings.

Signed …………… …………………………………….

Print name ……… ……………………………………...

Date ……………… …………………………………….

Print the form, sign below and scan this page to include *with the completed application as a* ***single PDF document*** *along with your detail resume to-*

[*contactmitws@mitws.org*](mailto:contactmitws@mitws.org) *;* [*contactmitws@gmail.com*](mailto:contactmitws@gmail.com)

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*Comment from MITWS:*