



rai

RETAILERS ASSOCIATION OF INDIA

Academic Membership Application Form

INFORMATION

Name of Institution:

Address:

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Contact Name:

Job Title:

Phone: Fax:

E-mail:

Name of Director / Dean :

Details of Retail Course, if conducted

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Details of other courses conducted

.....

Year of starting:..... Number of students :..... Number of Faculty including retail faculty, if any:

.....

Details of the affiliated university :

Category of membership applying for: Academic Member

Payment Details: Joining Fee* Rs. 50,000 + Annual Fee* Rs.: 5,000

**plus 10.30% Service Tax*

Amount Rs.:..... Cheque / Demand Draft No:

Date:..... Drawn on Bank:

Declaration: I hereby declare that the information provided above is true to the best of my knowledge and express our willingness to become a member of rai and that we shall abide by all rules and regulations of the association.

Signature..... Stamp

For rai office use

Membership Category Awarded: Academic Member

Date of Joining: Membership Period:.....

Signature of Approving Authority: