

Indian Geographical Committee of
INTERNATIONAL WATER RESOURCES ASSOCIATION

C/o Central Board of Irrigation and Power
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MEMBERSHIP FORM
FOR THE YEAR 2017

1. Name of the Individual _____
2. Designation _____
3. Mailing Address _____
- _____
- _____ PIN _____

Tel.: _____ Fax: _____

E-mail: _____ Web: _____

3. Status () Academic
 () Consultant
 () Manufacturer
 () Supplier
 () Testing Laboratory
 () Research Organisation
 () Promotional Organisation
 () User Organisation

DATE: _____

SIGNATURE _____

NAME _____

DESIGNATION _____