



MH/763/10/THANE
F/21936/THANE

Global Human Research & Welfare Society

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Membership Form

Name : _____

Father Name : _____

Date of Birth : _____

Gender : _____

Educational Qualification : _____

Designation : _____

Name of Institute with Address : _____

Zipcode : _____

Permanent Address : _____

Zipcode : _____

Nationality : _____

Mobile No : _____

Email ID : _____

Date of Registration : _____

I hereby declare that I have read the terms and conditions carefully as mentioned and are binding on me.

Signature of the Member