



**THE INDIAN SOCIETY FOR HYDRAULICS**  
CWPRS Campus, Khadakwasla, Pune 411024

**MEMBERSHIP FORM**

Name : \_\_\_\_\_

Birth Date : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Field of Specialization : \_\_\_\_\_

Position : \_\_\_\_\_

Office Address : \_\_\_\_\_

\_\_\_\_\_ PIN : \_\_\_\_\_

Telephone : \_\_\_\_\_ FAX : \_\_\_\_\_

E-mail : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_ PIN : \_\_\_\_\_

Telephone : \_\_\_\_\_

Please circle the address where you would like to receive the journal :  
Office/Residence.

I wish to become a member of the Indian Society for Hydraulics (ISH) and the membership fee of Rs : \_\_\_\_\_ is sent herewith by Cash / Demand Draft in the name of The Indian Society for Hydraulics payable at Pune.

Date: \_\_\_\_\_

Signature