## Membership Form

1. Name		
2. Sex M/F		
3. Date of Birth:		
4. Qualifications:		
5. Address: Orissa)	Contact Address	Permanent address (in
6. Telephone:		email:
7. Area of interest		
8. Professional experience		
9. Type of membership (Please mark)		
(i) Annual membersRs.500/-		
(ii) Life membersRs.3000/- (\$100/- for NROs)		
(iii) Institutional membersRs.10000/		
(iv) Student membersRs.500/-		
(v) Donor membersRs.5000/- (\$200/- for NROs) (Recommended for US and Canadian Residents)		
(vi) PatronsRs.25000/-		
10. Particulars of payment: Cheque/Draft/Cash (Cheque or Draft payable to OITS)		
11. Remarks (Please attach a sheet if you would like to give additional information/suggestion.)		
Signature Date		
For office use		
Membership No.	receipt no.	
Remarks, if any		

Cheque or draft in favour of "OITS" may be sent to Dr. P. K. Tripathy, Treasurer, OITS, Dept of Computer Science and Engineering, Silicon Institute of Technology, Bhubaneswar 751024; The filled in application also need to be sent to **odishaitsociety@gmail.com**.