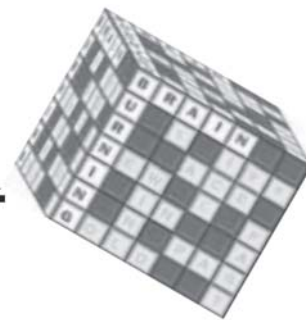


Burning Brain Society

Mailing Address: GPO Box: 137, Sector 17, Chandigarh 160 017 INDIA

URL: www.burningbrain.org **E-Mail:** info@burningbrain.org



Student Application Form

Name																												
Date of Birth	DAY [DD]				MONTH [MM]				YEAR [YYYY]																			
Father's Name																												
Occupation																												
Postal Address																												
City																			Pin:									
Mobile Phone																												
Landline Tel.	STD Code								Tel. No.																			
E-Mail																			@						.			
Student of	Class																											
School																												
Achievements in other activities																												
Other Details:																												
Type of Membership Applied for:	Limited to participation in the programme																				All memberships are confirmed only after putting in of required amount of volunteering work.							
	Active Volunteer																											
	Annual Member																											
	Student Member																											

I hereby apply for membership of "Burning Brain Society [BBS]" and declare that the information included in this application is true and correct. I accept that "Burning Brain Society," its employees, governing body members and agents are entitled on the absolute discretion to accept or reject this application without assigning any reason whatsoever. I agree to abide by the terms and conditions applying to the membership of the society and for participating in any/all of the activities of BBS. The guardian/teacher signing the application form also declares that the minor applying for the membership too has been made to understand the abovementioned.

Signatures

Guardian Signatures (In case of Minor)

Place:

Date: