



ASSOCIATION OF MINORITY EDUCATIONAL INSTITUTIONS

Regd No.: 326 of 2021

12-2-837/E/1, Asifnagar, Hyderabad - 500 028.

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APPLICATION FOR MEMBERSHIP

1. Name of the Institution: _____

2. Date and year of formation/establishment: _____

3. Postal address of the Institution: _____

Nearest landmark _____ Contact No: _____

4. Details of institution

a) Classes/Course taught _____

b). Recognition / Affiliation/ Accreditation by _____

c). No. of students served _____

d). No. of staff engaged _____

5. Name of the person (representative)

a). Date of birth/age _____

b). Profession _____

c). Educational qualification _____

d). Designation _____



6. Contact details

a). Mobile: _____

b). E-Mail ID _____

DECLARATION

That I have gone through with aims and objects as well as rules of the association and willing to be enrolled as INSTITUTIONAL MEMBER of the ASSOCIATION OF MINORITY EDUCATIONAL INSTITUTIONS (AMEI) and shall abide the same.

Date: _____

Seal: _____

Signature: _____

For Office Use: Admitted as Institutional Member in the Board Meeting Held