

SASNET-FERMENTED FOODS
C/O S M C COLLEGE OF DAIRY SCIENCE
ANAND AGRICULTURAL UNIVERSITY
ANAND CAMPUS, ANAND

APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP

1.	Name of Institution																
	Date and Year of Establishment	Date.Month/Year															
2.	Address																
	Regd./Head Office																
												PIN					
		Fax:						E-mail									
	Phones	Office						Factory									
		Office						Factory									
	Website																
3.	Name of Director(s)/ Vice chancellor as the case may be	1.						4.									
		2.						5.									
		3.						6.									
4.	Name of Representative Dealing with the Network																
	Designation																
	Address																
												PIN					
	Phone No.	Residence						Office									
5.	Area of interest																
6.	Copy of registration certificate or any other brochure or literature about the applicant											Y/N					
<p>Declaration : If admitted, We undertake to abide the Constitution of the Network as contained therein or as amended from time to time</p> <p style="text-align: right;">(Signature)</p>																	
<p>Date: _____ Name: _____</p> <p>Place: _____ Designation: _____</p>																	