



**INTEGRATED FOUNDATION FOR  
EDUCATION AND RESEARCH (IFER)**

Under: CM Memorial Centre  
MADAVOOR, KOZHIKODE - KERALA - 673583  
Ph: 0495 2246177, 8301032256

**REGISTRATION FORM**

**In-house /Supportive Contribution Scheme**

Name	
Permanent address	
Communication	
Mobile No. (India)	
Mobile (NRI)	
Residential phone number	
Email id	
Occupation	
Company name, Place & Country	
Monthly sponsorship amount	
Tentative date of payment	
Mode of payment	Bank: <input type="checkbox"/> Cash <input type="checkbox"/> Money order: <input type="checkbox"/>
Reference (in case of NRIs)	
Account details: (in case of account transfer contribution)	A/c Number Bank : Branch :
Address to which receipts can be send	

**Declaration**

I do hereby offer the sponsorship of sum of rupees .....  
..... towards in-house /supportive contribution scheme of IFER and I promise all  
possible assistance and support in future.

Place :  
Date :

Name and signature of sponsor

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**For office use**

Membership number :  
Remarks :

Office secretary

Finance Director

Executive director