



**Membership Registration Form of MBR.**

To  
The Executive Director,  
Mayurbhanj Biological Research (MBR)  
Baripada-2, Mayurbhanj, Orissa, India, Pin-757002  
Office: +91-6792-255993, Mobile: 91-94372-39929,  
E-mail: <mbrindia@gmail.com> ,<info@mbrindia.org>  
www.mbrindia.org

Attach  
stamp size  
colour  
Photocopy

Sir,

I \_\_\_\_\_ desire to become a \_\_\_\_\_ member of  
the Mayurbhanj Biological Research (MBR), Baripada and pay herewith a sum of Rs. \_\_\_\_\_ (in word  
.....)in the shape of cash /DD/cheque /money order. No.....  
Date.....and payable at .....(Bank Name) only on account of the membership subscription  
for the lifetime /Annual year...../...../......

Further, I/we pay a sum of Rs. \_\_\_\_\_ (in word.....) in the shape of  
cash /DD/cheque /money order. No..... Date..... and payable at  
.....(Bank Name) as donation for the development of the MBR and its project activities.

My educational qualification is \_\_\_\_\_ and date of birth..... and Aadhaar  
number.....

Registration No (for registered institute only) is \_\_\_\_\_ with date of registration is  
\_\_\_\_\_

I am /we are expert and our main objective and activities in \_\_\_\_\_

Further, I/we declared that; I /we am /are not involve with any antisocial group or individual in my/our life and not misutilise the  
name and fame of MBR; if I / we be a member or not, I/we work for the development of our nation/Global people and  
environment through MBR. If, I/we found to be with such activities, my/our membership will be cancelled at any moment without  
informing me/us. I/we agreed with all rule's and regulation's of Mayurbhanj Biological Research (MBR), Baripada.

**MBR Membership category/Subscriptions: -**

- 1. Annual/General member : Rs.2000/- (INR)
- 2. Life member : Rs.15,000/- (INR)
- 3. Institutional Annual member : Rs.5,000/- (INR)
- 4. Institutional Life member : Rs.25,000/- (INR)
- 5. Corporate Annual member : Rs.5,000/- (INR)
- 6. Corporate life member : Rs.25,000/- (INR)
- 7. Founder Member : Rs.20,000/- (INR)
- 8. Parton : Amount with own wish.

Yours Faithfully

(Signature)

Name: \_\_\_\_\_

(in block latter)

Profession : \_\_\_\_\_

Ph# \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

We hope your Membership will be used for the betterment of  
mankind, and will change the lives of so many lives *for good.*





All payment will be in the shape of Demand Draft (DD)/cash/money order/online Bank Transfer /cheque and made in favour of **Mayurbhanj Biological Research (MBR)**, Baripada and payable at any Nationalised Bank, Baripada, Mayurbhanj, Orissa, India. After pay the membership fees or donation please collect your money receipts and the communication from MBR about your support currency and conformation in subsequent email..

(Enclosed relevant Xerox copies of Registration certificate), five copy of colour passport photo copy, PAN card, Voter ID Xerox, Aadhaar Number Card Xerox, and Address Details and your CV as per MBR membership prescribed format available in our website at [www.mbrindia.org](http://www.mbrindia.org)

**Note:** After receive the request amount and qualifying the membership of MBR, we will inform to you through communicating media and hard copy of letter of acceptances, membership card, and avail the membership benefits etc.

Your complete Communication Address: .....

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