



# ABK - AOTS DŌSŌKAI

(Alumni Association of ABK & AOTS, Japan)

Tamilnadu Centre

Regd. S. No. 211 / 1989



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## APPLICATION FORM FOR MEMBERSHIP (INDIVIDUAL)

Name :

Age :

Sex :

Qualification :

Address Office :

Res :

Phone / Fax :

E-Mail I.D. :

Work Experience

Details of Current Employment

Cheque / DD No. / Cash Rs..... dt. ....

drawn on ..... is enclosed.

I agree to abide by the rules and regulations of the Institution.

Date :

Signature :

Name :