



ASSOCIATION OF UNAIDED HIGHER EDUCATIONAL INSTITUTIONS (AUHEI), NEW DELHI

(Registered vide No.: S/3868/SDM/NW/2023 under the Societies Registration Act XXI of 1860)

Vivekananda Institute of Professional Studies - Technical Campus

AU-Block, Outer Ring Road, Pitampura, Delhi-110034

Tel.: +91-11-25275055; 27343401 | E-Mail: secretary@auhei-india.org | Website: www.auhei-india.org

New Membership Application Form

(Form – I: Version 1.0 for New Membership Application)

I, hereby, apply for new membership for the year _____. On approval of Membership, I shall abide by the Constitution & Byelaws of the Association and the Code of Ethics.

I. Name and Address of the Institution:

Name of the Institution:			
Postal Address with Pin Code:			
Phone No. with STD Code		Mobile No.	
Email ID (in Capital Letters)		Website	
Programme(s) being run by the Institutions:			
Name and Address of the Affiliating University			

II. Personal Information of the Contact Person:

Please fill in your personal information so that we can serve you better:-

Title Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Prof. ☐

First Name Middle Name Last Name

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Date of Birth

Gender

d	d	/	m	m	/	y	y	y	y	M		F	
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Primary Email ID (in Capital Letters)

Secondary Email ID (in Capital Letters)

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Phone No. (Residence)

STD Code

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Phone

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Mobile (Mandatory)

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Highest Academic Qualification:

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III. Payment Details: (Accepted Payment Modes: Online Transfer / NEFT / RTGS / IMPS)

UTR No.: _____ Amount: _____ Date: _____

(Please attach a copy of the proof of the payment, along with this application)



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IV. Code of Ethics - Undertaking:

I affirm that as a member, I shall abide by the Code of Ethics of the Association. I, further, undertake that I shall uphold the fair name of the Association by maintaining high standards of integrity and professionalism. I am aware that my breach of the Code of Ethics may lead to disciplinary action against me under the Byelaws and rules of the Association. I, hereby, confirm that I shall be bound by any decision taken by the Association in such matters. Further, I hereby convey my consent to receive the information about the activities of the Association by email or by SMS/WhatsApp on my Mobile number, from time to time, by the Association or its bonafide members.

Date: ____ / ____ / ____

Place: _____

Signature : _____

Scanned copy of the filled in application form along with the required proof of the payment be emailed at secretary@auhei-india.org

FOR OFFICE USE ONLY

Application received date: _____

Received By: _____

Application processed by: _____

Membership No.: _____

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V. Eligibility, Membership Subscription Fees and Bank A/C Details

Eligibility	The membership of the Association is open to all the Unaided Higher and Technical Institutions from across the country
Membership Fee	Rs. 2,00,000/- for new membership. Rs. 1,00,000/- for annual renewal of the existing valid membership. Membership period shall be Calendar Year i.e. from January to December

Bank A/C Details:

Name in the Bank A/C	Association of Unaided Higher Educational Institutions (AUHEI)	Account Type	Current Account
Account Number	41655000147	Branch Code	06623
IFSC	SBIN0006623	Phone	+91-11-25261067
Bank Name	State Bank of India	Swift Code	SBININBB378
Branch Name	Jawala Heri (New Delhi)	Address of the Branch	A-16, Shubham Enclave, New Delhi – 110063
PAN	AAPAA0798K		