**Trust for Advancement of Agricultural Sciences (TAAS)**

Avenue II, Pusa Campus, New Delhi

Phone: +91-11-25843243; 65437870

Email: taasiari@gmail.com

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**Institutional Membership form**

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| Name of Organization/Institute/University |  |
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| Email id |  |
| Payment as per Invoice attached | 1. By Cheque
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| PAN Number |  |
| Signature with official seal |  |