



SAVITRIBAI PHULE PUNE UNIVERSITY TEACHERS ASSOCIATION

Registration No. MH/1305/2021



Regi. No. :

Date : / /

To,
The President,
Savitribai Phule Pune University Teachers Association.

Photo
hon.
member

I the undersigned here by request you to enroll me as member of Savitribai Phule Pune University Teachers Association, to strengthen my academics and support others.

Name : Emp. No. :

Designation : Department :

Research area : Teaching exp. : Category:.....

Gender : Date of Birth:..... Native State:..... Mother tongue :

Address :

Phone no. : office Ph. No. : Extn.....

Email : /@unipune.ac.in.

Receipt no. : Rs. Paid : In words :

• Why do you want to join Savitribai Phule Pune University Teachers Association.

• I have read the rules, regulations and motives of the association. I agree with it.

• I will always be there whenever I am required for Savitribai Phule Pune University Teachers Association

Thanking you,

Signature