

APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP

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NATURE OF ACTIVITIES: EDUCATIONAL INSTITUTE AFFILIATED WITH GGSIP UNIVERSITY
SUBJECT INTEREST/S: MANAGEMENT, COMMERCE
HEAD OF THE ORGANIZATION: DR. N. MALATI
NAME OF CONTACT PERSON: DR. N. MALATI AND JYOTI SHARMA

We hereby apply for membership in the American Library and agree to comply with the rules.

SIGNATURE: [Signature] DATE: 29-12-2022
NAME & DESIGNATION: DR. N. MALATI
Director

Delhi Institute of Advanced Studies
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HAVE A NICE DAY

Jheema
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