

14. Documentary evidence of the Academic Qualifications followed from a University/Institute/College
(Attach a copy of the certificates)

Program	University/Institute/College	Year

15. Declaration of the applicant

I, (*applicant's name*), hereby declare that the information given above are true and correct to the best of my knowledge.

16.	Signature	Current ARB Rubber Stamp	Date

Check List: Attached following documents in given order

	YES	NO
a. Certified true copy of Birth Certificate		
b. Certified true copy of National Identity Card		
c. Documentary evidence for Academic Qualifications indicated in item 14		
d. Payment receipts for annual membership fee (Rs.5000/-)		

For office use only:

Category	Membership Number
<input type="checkbox"/> Fellow Member – FAL(SL)
<input type="checkbox"/> Associate Member – AAL(SL)
<input type="checkbox"/> Graduate Member – GAL(SL)
<input type="checkbox"/> Student Member – SAL(SL)