

Membership/Subscriber Application Form

Kindly fill out this form and email it to contact@nnhs.in along with a copy of your passport size photo and ID proof.

Note: Fields marked with * are mandatory. The files for form, photo, and ID should be named in the manner: *name_date of birth* (e.g.: **Rajesh_09-02-1991**).

| Category* | Member | Subscriber | | |
|-----------------------------------------------------------------|-------------------------|------------|-------------|----------|
| Full Name* | _____ | | | |
| Son of/ Daughter of/ Wife of | _____ | | | |
| Date of Birth* (dd/mm/yyyy) | _____ | | | |
| Address* | _____ _____ _____ | | | |
| Mobile No* | _____ | | | |
| Email* | _____@_____ | | | |
| Id Proof*: Aadhar | PAN | Voter Card | Driving Lic | Passport |
| ID Number* | _____ | | | |
| Profession* | _____ | | | |
| Name of Institution/ Organization / Company / Others | _____ | | | |
| Place of Institution | _____ | | | |
| Designation | _____ | | | |
| Tell us about your interest in Natural History and Nilgiris* | _____ _____ _____ | | | |
| Referred by NNHS member (Please mention Name) * | _____ | | | |
| Referral member's phone number/E-mail* | _____ | | | |
| Place of your residence* | _____ | | | |
| Date* (dd/mm/yyyy) | _____ | | | |