



# SAB - SANATAN ACCREDITATION BOARD

RENEWAL FORM **CATEGORY** SAB – Institutions/School/College/University

All prospective members of SANATAN ACCREDITATION BOARD-(SAB) is required to complete this registration form. Indicate any changes; Membership runs from round the year.  NEW MEMBERSHIP  RENEWAL  Changes for directory?

## SECTION 1: MEMBER CONTACT INFORMATION

<b>TITLE</b>	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Prof	<input type="checkbox"/> Ms
Name of Individual						
Organization's Name						
Position/ Assignment				Work Phone (If Unique)		
Address 1				Principle Phone		
Address 2				Home Phone		
Town/City				Whatsapp		
Postal Division				Essential Email		
Country:				Auxiliary Email		

\*Star the e-mail and phone number you would like listed in the directory

## SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check	Paste a Passport Size Photo here
Provisional ACCREDITATION BOARD	Admission Fee (One Time)	\$1125	<input type="checkbox"/>	
Provisional ACCREDITATION BOARD	Annual Fee (Every Year Would be Charged)	\$250	<input type="checkbox"/>	
PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send)		\$50 / Manday	<input type="checkbox"/>	
Payment mode	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		<input type="checkbox"/>	

## SECTION 3: MEMBER INFORMATION

OCCUPATION /INFORMATION/JOB TITLE:
Member SAB: Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like to receive SAB /It's Sister Organs membership information?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Registering Authority of your Institutions/School/College/University : Registered on Dated:
How many registered students in your Institutions/School/College/University :
What is your main objectives of your Institutions/School/College/University :
Please indicate if you would be willing to serve on a chapter/committee etc.: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time Is there any interest specific area/committee you would like to serve on? _____ (Committees/Positions/SAB / It's Sister Organs are listed at <a href="http://www.sanatanboards.com">www.sanatanboards.com</a> SAB sisterorgans.html)
<b>Permission to use photographic images:</b> Photographs of SAB members may be used in various SAB communications incl. the newsletter and website. Group photographs taken at SAB events may be used without identifying individual members. For individual photographs, please indicate your permission for use: ____ SAB /It's Sister Organs have my permission to use and identify photographs of me. ____ SAB /It's Sister Organs does not have permission to use and identify photographs of me. ____ SAB /It's Sister Organs must contact me before using any identified photographs of me in SAB communications.

All disputes relating to membership, SAB, services/privileges, issue of Identity Cards, Certificates and etc. are governed by Civil Laws and Civil Courts only subject to Mumbai,(India) Jurisdiction. **Declaration:** I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the SAB .

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- ⌋ **To pay online:** The Membership Fee in favor of "SAB" or You can Transfer the Amount through Bank directly in A/C NO. 12950200000891, **Bank Name:** Indian Overseas Bank, Mumbai. **SWIFT Code:** IOBAINBB089. **Ifsc Code:**, IOBA 0001295 **Whatsapp.** : +91-8275879725
- ⌋ Regardless of payment method used, please form to [info@sanatanboards.com](mailto:info@sanatanboards.com)..fill your details in and make sure to send a cop-mail, which includes, name, address, tell, fax, of your payment transfer receipt/-mail and cellphone Number. Payment receive-slip along with membership will be updated at SAB after 48 hrs.