



**SAB - SANATAN ACCREDITATION BOARD**  
**RENEWAL FORM CATEGORY SAB – Individual / Faculty**

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

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

**Details of Educational Qualifications:**

| Course Studied | Name of the Course | Major | Month & Year of Passing | Name of the Institution/College/ University | Percentage of Marks/ Class |
|----------------|--------------------|-------|-------------------------|---|----------------------------|
| Hr. Secondary  |                    |       |                         |   |                            |
| Under Graduate |                    |       |                         |   |                            |
| Post Graduate  |                    |       |                         |   |                            |
| M.Phil         |                    |       |                         |   |                            |
| Ph.D           |                    |       |                         |   |                            |

(Enclose XEROX copy of UG/PG/Phd Provisional Certificate and list of publication in separate sheet).

**SUCCESSFUL TEACHING EXPERIENCE:**

The teaching requirement (two full years or equivalent) has been met in the following manner:

| School/College/University | School/College/University Division | Years of Teaching |
|---------------------------|------------------------------------|-------------------|
|                           |                                    |                   |
|                           |                                    |                   |

**ACCREDITATION SEMINAR** (attach copy of certificate)  (check):

Subject Area:

Date Attended

|     |       |      |
|-----|-------|------|
| D y | Mo th | Year |
|     |       |      |
| Day | Month | Year |

\*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 |
|---|---|--------------------------|--------------|
| Provisional ACCREDITATION BOARD                           | Individual / Faculty is eligible Membership   | \$150                    |              |
| Provisional ACCREDITATION BOARD                           | Individual / Faculty is eligible Membership   | \$50                     |              |
| PER MANDAY RATE OF AUDIT(Separate Quotation Will Be Send) | Individual / Faculty is eligible Membership   | \$25                     |              |
| Payment mode  | <input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others |                          |              |

Paste your recent colour photograph

### SECTION 3: MEMBER INFORMATION

|   |
|---|
| <b>OCCUPATION /INFORMATION/JOB TITLE:</b>   |
| Member <b>SAB</b> : Yes <input type="checkbox"/> No <input type="checkbox"/> Would you like to receive <b>SAB</b> /It's Sister Organs membership information?: Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>What is your main objectives of your Individual / Faculty :</b>  |
| Please indicate if you would be willing to <b>serve on a chapter/committee etc.:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> Not at this time<br>Is there any interest specific area/committee you would like to serve on? _____<br>(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><br>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:<br>____ SAB /It's Sister Organs have my permission to use and identify photographs of me.<br>____ SAB /It's Sister Organs does not have permission to use and identify photographs of me.<br>____ 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** .

\_\_\_\_\_  
Name of Teacher/Faculty

\_\_\_\_\_  
Signature

|   |
|---|
| <p>┌ <b>To pay online:</b> 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:, IOBA0001295 Whatsapp. : +91-8275879725</p> <p>└ Regardless of payment method used, please form to <a href="mailto:info@sanatanboards.com">info@sanatanboards.com</a>. 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.</p> |
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