**APPLICATION FOR ESTABLISHING ACRS STUDENT CHAPTER**

**Name of the Student Chapter:**

**Address:**

**Email:**

**Phone number:**

**Office bearers and members details:**

|  |  |  |
| --- | --- | --- |
| **Role** | **Name**  | **Membership Id** |
| **Faculty Mentor** |  |  |
| **President** |  |  |
| **Vice-President** |  |  |
| **Treasurer** |  |  |
| **Secretary** |  |  |
| **Member** |  |  |
| **Member** |  |  |
| **Member** |  |  |
| **Member** |  |  |
| **Member** |  |  |
| **Member** |  |  |

**Note: For additional members, attach separate sheet.**

**List of activities planned(atleast three) and committee coordinator(s)**

|  |  |
| --- | --- |
| **List of activities** | **Committee coordinator** |
|  |  |
|  |  |
|  |  |

**Signature of President:**

**Signature of Faculty Advisor:**

**Endorsement from Head of the Department:**

**I have reviewed the application. The department fully supports the establishment of ACRS student chapter at our institution.**

**Signature of the Head of the Department**

**Date:**