



Institute for Social and Academic Excellence (IFSAAE)
(Nashik)

(IFSAAE)
ACADEMIC MEMBERSHIP (FACULTY) REGISTRATION FORM
(Please fill in CAPITAL letters. Tick ✓ where applicable.)

A. Office Use Only

Membership ID: _____ Date: / / _____

Received By: _____ Verifier (KYC/Docs): _____

Remarks: _____

-----X-----X-----X-----

1) Applicant Details

1.1 Full Name (as per Aadhaar/PAN): IN CAPITAL
SURNAME_ MIDDLE NAME_ FATHER NAME

1.2 Gender: [] Male [] Female [] Other

1.3 DOB (DD/MM/YYYY): // _____ Age: _____

1.4 Father/Mother/Spouse Name: _____

1.5 Nationality: _____

1.6 Marital Status: [] Single [] Married [] Other: _____

1.7 Identification Marks (Mandatory):



Institute for Social and Academic Excellence (IFS AEE) (Nashik)

2) Contact & Address

2.1 Mobile (Primary): _____ (Alternate): _____

2.2 Email (Primary): _____

2.3 Present Address: _____

City: _____ District: _____ State: _____

PIN: _____

2.4 Permanent Address: _____

City: _____ District: _____ State: _____

PIN: _____

3) Academic & Professional Profile

3.1 Highest Qualification: _____ Year: _____ University: _____

3.2 UGC-NET/SET/PhD (if any): _____

3.3 Specialization/Subject Areas: _____

3.4 Current Designation: _____ Department: _____

3.5 Institution/University (with address): _____

3.6 Total Teaching Experience: _____ Years _____ Months

Research Experience: _____ Years _____ Months

3.7 Are You Research Guider from Any University? Yes [] No []

If Yes , Kindly Feel Freely

Students Awarded _____ Registered _____

3.8 Google Scholar/ORCID/Scopus ID (if any): _____



Institute for Social and Academic Excellence (IFSAAE) **(Nashik)**

4) Membership Plan Selection (Tick one)

- 1. Academic Member- **Annual (A1YAMP)** – 1 Year
- 2. Academic Member- **Basic (Three Year) (B3YAMP)** – 3 Years
- 3. Academic Member- **Silver (Five Year) (S5YAMP)** – 5 Years
- 4. Academic Member- **Silver-Pro (Ten Year) (SP10YAMP)** – 10 Years
- 5. Academic Member- **Golden (Fifteen Year) (G15YAMP)** – 15 Years
- 6. Academic Member- **Golden-Pro (Twenty Year) (GP20YAMP)** – 20 Years
- 7. Academic Member- **Lifetime (Thirty-Five Year) (L35YAMP)** – 35 Years

5) Benefit & Responsibility Acknowledgement

Kindly tick to confirm you have read and agree to the respective plan rules available on the website.

- ED100 – Editorial book (100 authors): timelines, editor's responsibilities, weekly reporting.
- OC – Online Conference: schedule-based participation & guidelines.
- OBP/OFBP – Online/Offline Book Publications: submission windows, approvals, dispatch rules.
- DCP – Destination Conference: hospitality scope & prerequisite certificates.
- Funds (Micro/Mini/Minor/Major): eligibility year(s), utilization & reporting.
- Royalty: eligibility window, titles covered, and royalty cycle.
- Family Benefit: eligibility (years, claims per year), valid proofs, reimbursement rules.
- Other Contribution Benefit



Institute for Social and Academic Excellence (IFS AEE) (Nashik)

6) Nominee Details (for eligible refunds/benefits)

6.1 Nominee Name: _____

Relation: _____

6.2 Nominee DOB: / / _____ Mobile: _____

Email: _____

6.3 Address: _____

7) Bank Details (for reimbursements/refunds as per policy)

Account Holder NAME : _____

Bank: _____ Branch _____

A/c No.: _____ IFSC: _____

Branch Address : _____

Type: [] Savings [] Current *Attach Cancelled Cheque (PDF).*

8) KYC & Document Checklist (Upload and Attach as per portal instructions)

[] Aadhaar (PDF+HC)

[] PAN (PDF+HC)

[] Official ID (PDF+HC)

[] Cancelled Cheque (PDF+HC)

[] Recent Colour Photo (image + HC)

[] Payment screenshot (applicable tranche) (image/PDF+HC)

[] Highest Qualification certificate(s) (PDF +Hard Copy)

[] Experience/Appointment letter(s) (PDF +Hard Copy)

[] Working place ID Card (s) (PDF +Hard Copy)

Recent Photo



Institute for Social and Academic Excellence (IFSAAE) (Nashik)

9) Fee Payment Details (as per selected plan & tranche, Scan QR and Pay)

Amount (₹): _____

Tranche: [] Registration

[] 1st Benefit [] 2nd [] 3rd [] 4th [] 5th

Mode: Scan QR Code and Pay : _____



Txn ID/UTR No.: _____

Date: // _____ Time: _____

10) Declarations & Undertakings (Read carefully; tick ✓ and sign)

[] **No Refund/Transfer:** I understand that once paid, the membership fee is **non-refundable and non-transferable** for any reason.

[] **Accuracy:** I declare all information & documents submitted are true and correct to the best of my knowledge.

[] **Academic Integrity:** I accept responsibility for obtaining genuine, non-plagiarized contributions for ED100 and adhere to ethical publishing norms.

[] **Compliance:** I agree to follow all plan-wise **timelines, submission windows, approval prerequisites, and reporting** requirements.

[] **Communication Consent:** I consent to receive communications via email/SMS/phone/portal regarding my membership and IFSAAE activities.

[] **Data Use:** I consent to IFSAAE storing/processing my data for membership administration as per IFSAAE Privacy Policy.

[] **Change Notification:** I will promptly inform IFSAAE of any changes to my contact, bank, or nominee details with proofs.

[] **Benefits & Eligibility:** I understand that certain benefits (DCP, Funds, Royalty, Family Benefit, Research Projects) have specific eligibility windows & documentation.

[] **Re-application Clause:** I understand membership ID validity is plan-bound; on expiry, **fresh application** is required (no re-application charges).

[] **Indemnity:** I agree to indemnify IFSAAE against claims arising from false/incorrect submissions made by me.

Place: _____ Date: // _____

Signature of Applicant: _____ Name: _____

Academic Membership form



Institute for Social and Academic Excellence (IFS AEE) (Nashik)

11) For Office Use (Post-Verification)

[] KYC Verified [] Fee Verified

[] Documents Complete [] Plan & Tranche Validated

[] Membership ID Generated: _____

Verifier Name & Sign: _____ Date: / / _____

Remarks/Deficiencies (if any):

Next Action/Deadline:

Membership Registration Remarks

Registration Date : - _____ Membership ID:- _____

Plan ID :- _____ Amount Paid: _____ Dated _____

Remaining with Status 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Remaining Amount Paid Status :

Sr.No.	%	Amount	Date	Description
1				
2				
3				
4				
5				
6				
7				