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ICCILLSR

Innovative Centre For Comparative Indian Literature & Lokaabharan Scientific Research

Register Under Govt of India

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Photo

Membership Form

ICCILLSR's Name :

Member Sponsor :

First Name :Mid. Name :Last Name.....

Gender : ☐ Male ☐ Female. Occupation :

Date of birth :/...../..... Spouse's Name :

Address :

City :State :Country.....

Phone :Email :

Qualification..... Membership Fees.....Payment Status

I am a : ☐ New Member ☐ Running Member

I Want to a /an : ☐ Life Member ☐ Annual Member

Membership Number

Member Signature

Please attach the following documents:

1. PAN Card
2. Aadhaar Card
3. Last Qualification Certificate

Qualification to join ICCILLSR Membership.....
Doctor & Engineer field must have Bachelor degree & in other fields members Should hold Master degree.....mandatory.

Please send all documents at the mentioned e-mail ID.

I Accept membership into ICCILLSR. and that the standards are limited to person of good moral Character and reputation. I recognize the importance of rendering personal service to my community in co-operation with other civic minded person. I understand that membership is not valid approved by the ICCILLSR board of dDirector