

**NATIONAL CONVENTION OF EDUCATORS OF THE DEAF
N.C.E.D.(INDIA)**

Registered Head Office: Dept. of Education, AYJNISHD,
K.C. Marg, Bandra Reclamation, Bandra (W), Mumbai - 400050

MEMBERSHIP FORM

Life Membership / Associated Life Membership/ Annual Membership

Passport Size
Photo For Life
Membership

Please enter your name as you wish it to appear on your Membership card. Enter the address at which you wish to receive your membership information & other information.
(WRITE IN BLOCK LETTER)

Name : Mr./Mrs./Ms./Dr. _____
First Name Middle Name Last Name

Address: _____

City : _____ State : _____

PIN: _____ Email Address: _____

Phone No.: _____ Mobile No: _____
Prefix STD Code

Educational Qualification: _____

Professional Qualification: _____ Year of Passing: _____

Passed From: _____
(Name of the Institution)

Membership Fee: * Life Membership - Rs. 2000/- for Special Educators (HI), Rs.2500/- for related Professionals (Special Educators from other Disability Area, Speech, Language and Hearing Professionals, Psychologists, Other Rehabilitation Professionals as well as Regular Teachers) * Please Send Membership Fee by Demand Draft Only. * The DD may kindly issue in favor of NCED India & payable at Mumbai.

DD No: _____ DD Amount: _____ DD Date: _____

Name of the Bank & Branch: _____

I solemnly affirm to follow the constitution rules & regulations of the NCED-India & will be working for the furtherance of objectives of the Convention.

Signature: _____

Please send the filled Membership Form along with DD to Membership Cell, NCED-India, C/o, Dept. of Education, Ali Yavar Jung National Institute for Speech & Hearing Disabilities (Divyangjan), Bandra Reclamation, Bandra(W), Mumbai 400050