

**BUREAU OF INDIAN STANDARDS LABORATORY EMPLOYEES ASSOCIATION**

Plot No 20/9, Site 4, Sahibabad Industrial Area, Sahibabad-201010

Email: [bisleaofficial@gmail.com](mailto:bisleaofficial@gmail.com) Phone No: 0120-4177135

## Registration Form

To,

Date: -

The President,  
BISLEA(Regd.)  
Sahibabad(U.P.)

Subject: **Regarding my enrollment in BISLEA.**

Dear Sir,

Kindly enroll me as a member of the Bureau of Indian Standards Laboratory Employees Association. I have gone through the constitution and bye laws of the association and agree to abide by them.

I also agree to follow the decisions taken by the Governing Body of **Bureau of Indian Standards Laboratory Employee Association**. I also agree to submit herewith the Registration Fee and Membership Fee. My personal details are as follows :

Name	
Date of Birth	
Employee Number	
Place of posting	
Designation	
Email address	
Contact Numbers	
Date of Joining in BIS	
Permanent Address	

Signature with date

(For OFFICE USE ONLY )

Approved by the Executive Committee of BISLEA, during its meeting held on \_\_\_\_\_ for enrollment.

Enrollment Number: \_\_\_\_\_

Registration fee received: \_\_\_\_\_

President's Signature:

General Secretary's Signature:

Date:

Date: