

Quality Circle in Education for Students' Personality Development

QUEST-Nepal

**Institutional Membership
Form**

Name of Institute (In block letter): _____

Authorized Person: _____

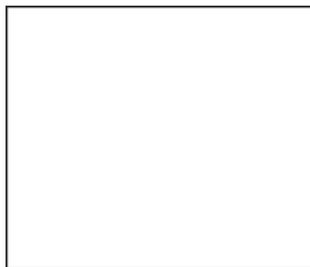
Address: _____

Telephone: Landline- (R) _____ (O) _____ Mobile- _____

E-mail: _____

Identification (Registration) No.: _____

Purpose: _____



Official Seal

Authorized Signature

Date:

For official use, only

Membership to _____ is awarded with

Membership Number _____.

Recommended by:

Awarded by:

Signature:

Signature:

Date:

Date: