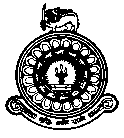
**CENTRE FOR CONTEMPORARY INDIAN STUDIES (CCIS)**

University of Colombo

**Associate Member**

Name: (Rev/Mr./Ms./Dr/Prof) ………………………………………………………………………………………………………

Designation: ………………………………………………………………………………………..

Tel: ……………………………………………………

Email: …………………………………………………………………

Mailing Address: …………………………………………………………………………………..

…………………………………………………………………………………..

Educational Qualifications: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Publications/Research related to Contemporary India: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I hereby give my permission to register my name as an Associate Member of the CCIS.

……………………………. …………………...

Signature Date

For Office use:

Date of enrollment: ………………………