



**INSTITUTE TECHNOLOGY MANAGEMENT UNIT &  
AGRI-BUSINESS INCUBATION CENTRE  
NATIONAL RICE RESEARCH INSTITUTE, CUTTACK**



**MEMBERSHIP FORM**

**Agripreneur/Company/Others Name:** \_\_\_\_\_

**Nature of Organization/Individual:** Company (Sole Proprietorship, Pvt.Ltd, Public Ltd.  
Subsidiary/Producers Company/Association/NGO/Co-operatives, Others \_\_\_\_\_

**Thrust Area:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **PinCode:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email and Webpage:** \_\_\_\_\_

**Areas of Interest for information support services:** \_\_\_\_\_

**Membership Category:**

- Category I** : Pvt.Ltd. Public Ltd, Subsidiary company, Govt. Institutions-Rs.10000 per annum
- Category-II** : Sole Proprietorship/Individual Company/Producer Company-Rs.5000/- per annum
- Category-III** : NGO's/Farmers Organizations/Cooperatives-Rs 3000/- per annum
- Category-IV** : Potential Agripreneurs Rs. 1500/ per annum
- Category-V** : Farmers Rs. 1000/- per annum

**Payment Mode:** Cash, Bank Demand Draft in favour of "The Director, NRRI" payable at Cuttack or by NEFT/RTGS (contact for details)

**Payment Details:**

**DD No:** \_\_\_\_\_ **Date of Issue:** \_\_\_\_\_

**Issuing Bank:** \_\_\_\_\_

**For Office use only**

**Date of Receiving** .....

**Enrolment No**.....

**Please post or deliver this form to:**  
**Dr. G.A.K Kumar, Principal Scientist & CPI**  
**ITMU & ABI Centre, NRRI, Cuttack, Odisha-753006**  
**Ph: 0671-2367757, Fax: 0671-2367663, Mob: +91-9437484576**