



CENTRE FOR LAND WARFARE STUDIES (CLAWS)

RPSO Complex, Parade Road, Delhi Cantt, New Delhi-110010

Tel: 9311950042, Fax: 91-11-25692347

Email: landwarfare@gmail.com, director.claws@gmail.com,

Web: <https://claws.in>

To

The Director General

Centre for Land Warfare Studies
(CLAWS)

RPSO Complex, Parade Road
Delhi Cantt, New Delhi –110010

APPLICATION FOR INSTITUTIONAL MEMBERSHIP

Please tick any one:-

- ☐ 5 Years Institutional Membership (Rs 20,000/-)
- ☐ 10 Years Institutional Membership (Rs 40,000/-)

Sir,

I would like to apply for Membership of the Centre for Land Warfare Studies. I understand that my membership is subject to the approval of the Director. If approved, I will respect and follow the rules and regulations of the CLAWS (as amended from time to time).

Name of Institution _____

Address: _____

Phone/Mobile: _____ Fax: _____

Email: _____

Mode of Payment

1. A Demand Draft/multi-city cheque No. dt. of
Bank for Rs. in favour of **CLAWS payable at Delhi Cantt** is enclosed
herewith.

OR

2. **NEFT**: Bank of Name – Canara Bank, 22 Thimmayya Marg, Delhi Cantonment,
New Delhi 110010, Saving Account No – 91162010005981, IFS Code – CNRB0019008.

Dated
(With Institutional Seal)

.....
(Signature of Applicant)

(Note: The Scanned application form can also be forwarded through email at clawslibrary@yahoo.com)

FOR OFFICE USE ONLY

Multi-city Cheque/DD Details: _____

Membership No.: _____ Date of Issue of Membership Card: _____

Remarks of Director: _____

Remarks of Director General: _____