



**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.co.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: \_\_\_\_\_