

**MEANS**  
**MEMBERSHIP FORM**

1	Name of School	
2	Address for contact	
	PIN	
	District	
	State	
3	Name of Principal/ Competent Authority	
4	Details of a Teacher who will act as MEANS Contact Person	
	Name	
	Email	
	Mobile	
	Telephone	

The above membership form may be filled up the Principal/ Competent authority/ Teacher to the MEANS Coordinator at email [nmnh.means@gmail.com](mailto:nmnh.means@gmail.com)

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(For Office use at NMNH only)

The School.....has shown interest to become a Member of MEANS.

The membership Number is.....