INDIAN INSTITUTION OF INDUSTRIAL ENGINEERING

NATIONAL HEADQUARTERS, PLOT NO. 103, SECTOR - 15
CBD BELAPUR, NAVI MUMBAI – 400 614

Tel. : 022 – 2756 3837 Fax : 022-2757 8526
Web site : www.iiie-inda.com
Email : **member4iiie@gmail.com**

Affix your photo

(Please attach 2 additional photos)

APPLICATION FOR PROFESSIONAL MEMBERSHIP

1. Class of Membership applied (put in relevant box)

PROFESSIONAL STATUS	√	**NON-CORPORATE STATUS**	√
Senior Life Member	☐	Affiliate Member	☐
Life Member	☐	Associate Member	☐

2. Full Name (in block letters) :

3. Date of Birth (please attach proof) : Gender: M/F

4. Address & Contact No.

Office	**Residence**

Permanent Address

Tel. No. (O) : Tel. No. (R) : Mobile No. : Email :	

5. Qualifications (Please attach attested copies)

6. Work Experience with designations held (Please attach attested copies)

Contd...

7. Publications (Please attach details)

8. Membership of other professional Institutions:

9. Fee / DD details

A crossed bank draft No._____ dated _____ of Rs._____ (Rupees _____) drawn on _____ Bank _____Branch in favour of **"Indian Institution of Industrial Engineering",** payable at **Mumbai**, towards Registration, processing & membership fee.

10. Undertaking

I, the undersigned, certify that the above statement to be correct and hereby agree that in the event of my being elected to any class of membership and so long as I continue to hold that Membership. I will be bound by and observe the provisions of the constitution and bye-laws of the Indian Institution of Industrial Engineering (IIIE) as they exist now or as they may hereafter be modified from time to time and that I will endeavour to further the objectives of the Institution.

Date :

Signature of the Applicant

PROPOSER	**SECONDER**
Having known the applicant personally for _____ years. I recommend that the applicant may be considered for admission as _____ member.	Having known the applicant personally for _____ years. I recommend that the applicant may be considered for admission as _____ member.
Name of Proposer :	Name of Seconder :
Membership No. :	Membership No. :
Date: Signature:	Date: Signature:

The Proposer and the Seconder must be Current Professional Members of the IIIE and are required to verify the statements / information submitted by the applicant in respect of qualifications and experiences.

FOR OFFICE USE ONLY

Membership Executive : **IIIE Receipt No. :** **Date :**

Executive Director :

Membership Committee: **Hon. Secretary** **Chairman**

Revised, November 2012