

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 : iiemembership@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 Member

Affiliate Member

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)

7. Publications (Please attach details)

Contd...

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

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

The Proposer and he 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.

<u>FOR OFFICE USE ONLY</u>		
Membership Executive :	IIIE Receipt No. :	Date :
Executive Director :		
Membership Committee :	Hon. Secretary	Chairman