

INDIVIDUAL MEMBERSHIP THE INDIAN INSTITUTE OF METALS

Application Form

The Indian Institute of Metals 'Metal House', Plot No- 13/4, Block-AQ, Sector-V, Salt Lake, Kolkata-700 091 Phone: 033-2367-5004; Mobile: 7583965253 / 9038086329

E-mail: membership@iim-india.net memberenrolment@iim-india.net

Website: www.iim-india.net

For	or Individuals:						
	Member		Life Member		☐ Profession	onal Member	
√F	Please √ applicable						
1.	Name in Block Lette	ers					
	Mr/Mrs/Miss			Middle		 Last	
2.	Date of birth	11.31	,				
3.	Father's Name/ I	Husband's Name _					
4.	Address for correspondence:			Phone:	Phone:		
					Mobile:		
					E-mail (in C.	APITAL):	
5.	Home Address &	Home Address & Home Communications			Phone:	Phone:	
					Mobile:		
					E-mail (in C	APITAL):	
6.	Academic & Pro	fessional Qualifica	tions :		1		
7.	Professional Expe	Professional Experience:					
8.	Present Occupa	Present Occupation / Designation :					
9.	Primary Field of I	Primary Field of Interest: (please mark 1,2,3 in the in order of preference)					
	FERROUS NON FERROUS METAL SCIENCE ENERGY & ENVIRONMENT OTHERS						
	Production Ferrous	Sponge Iron	Production Non Ferrous	Copper	Aluminium	Lead / Zinc	
	Forging	Casting	Pipes	Mining & Beneficiation	Quality control	Manufacturing	
	Equipment	Design & Engineering	Infrastructure	Research & Development	Consultancy	Education	
	Any other field(s) of interests, not enlisted above:						

10.	Individual Membership Payment Details ; Payment should be made by cheque / DD favouring "The Indian Institute of Metals", payable at Kolkata				
	Amount (Rs.)	Cheque / D.D. No Dated :			
	Bank Name	Branch			

11. Subscription details:

Category		Amount Payable			
	Admission Fee (One time)	Subscription	Courier / Speed Post Charge		
Member (for engineering background professional)	Rs 300	Rs 1,500 (annual)	Rs 50		
Life Member (for engineering background professional)	Rs 300	Rs 15,000 (one-time)	Rs 50		
Professional Member (for non- engineering background professional)	Rs 400	Rs 15,000 (one-time)	Rs 50		

12. Declaration by the applicant

If elected, I agree to accept to pay the prescribed subscription, to abide by the Articles of Association of the Institute and to promote its aims and objects.

Signature of the Applicant

13.	For IIM Office Use Only					
	Membership No.		Date of Enrolment	Chapter		
	Amount Paid (Rs)		Receipt No. / Date			

