



33/588-B Chakkaraparambu,
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APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP

Kindly...

> Fill up the application form in capital letters.

> Tick wherever necessary.

> Go through the club's constitution, byelaws, and the notes attached before filling up the application form.

> 2 additional photographs to be enclosed.

1. NAME OF ORGANISATION	:		
2. NATURE OF BUSINESS/PROFESSION	:		
3. TYPE OF ORGANISATION	:	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CPSU/PSU
	:	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> Others
4. NAME OF DIRECTOR/PROPRIETOR/PARTNER :	:		
a) ADDRESS	:		
	:		
b) CONTACT NUMBER	:		
c) E-MAIL	:		
5. ADDRESS OF THE ORGANISATION	:		
6. FULL NAME OF ENGINEER/ REPRESENTATIVE -1 :	:		
a) EDUCATIONAL QUALIFICATION	:		
b) NAME OF INSTITUTE	:		
c) BRANCH OF STUDY	:		
d) UNIVERSITY	:		
e) YEAR OF PASSING	:		
f) POSITION IN THE ORGANISATION	:		
g) OFFICE ADDRESS	:		
	:		
h) RESIDENTIAL ADDRESS	:		
	:		
i) COMMUNICATIONS MAY BE SENT TO	:	<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> OFFICE
j) PHONE	:	OFF: <input type="text"/>	FAX: <input type="text"/>
	:	RES: <input type="text"/>	MOB: <input type="text"/>
k) E-MAIL	:		
l) DATE OF BIRTH	:	DATE :	MONTH: YEAR:

7. FULL NAME OF ENGINEER/ REPRESENTATIVE -2 :

- a) EDUCATIONAL QUALIFICATION :
- b) NAME OF INSTITUTE :
- c) BRANCH OF STUDY :
- d) UNIVERSITY :
- e) YEAR OF PASSING :
- f) POSITION IN THE ORGANISATION :
- g) OFFICE ADDRESS :

- h) RESIDENTIAL ADDRESS :

- i) COMMUNICATIONS MAY BE SENT TO :
- j) PHONE :

- k) E-MAIL :
- l) DATE OF BIRTH :

<input type="checkbox"/> RESIDENCE		<input type="checkbox"/> OFFICE	
OFF:		FAX:	
RES:		MOB:	
DATE :	MONTH:	YEAR:	

8. FULL NAME OF ENGINEER/ REPRESENTATIVE -3 :

- a) EDUCATIONAL QUALIFICATION :
- b) NAME OF INSTITUTE :
- c) BRANCH OF STUDY :
- d) UNIVERSITY :
- e) YEAR OF PASSING :
- f) POSITION IN THE ORGANISATION :
- g) OFFICE ADDRESS :

- h) RESIDENTIAL ADDRESS :

- i) COMMUNICATIONS MAY BE SENT TO :
- j) PHONE :

- k) E-MAIL :
- l) DATE OF BIRTH :

<input type="checkbox"/> RESIDENCE		<input type="checkbox"/> OFFICE	
OFF:		FAX:	
RES:		MOB:	
DATE :	MONTH:	YEAR:	

I HAVE READ AND ACCEPTED THE CLUB'S CONSTITUTION, BYE LAWS AND THE NOTES ATTACHED WITH THIS APPLICATION FORM.

AUTHORISED SIGNATORY :

NAME :

DESIGNATION :

SEAL OF ORGANISATION :

FOR OFFICE USE ONLY

9. DATE OF APPLICATION

:

10. PROPOSED BY

:

11. SECONDED BY

SIGNATURE

DATE

:

12. REMARKS-MANAGING COMMITTEE

SIGNATURE

DATE

:

13. PAYMENT DETAILS

CHEQUE NO.	BANK	AMOUNT	DATE

Kindly Issue cheque in favour of "Engineers Club, Kochi"

14. DATE OF ACCEPTANCE AS MEMBER

:

PRESIDENT

SECRETARY

TREASURER

***NOTES ATTACHED TO AND FORMING PART OF THE APPLICATION**

1. Applicants should have completed 22 years of age.

2. All information given by the candidate should be totally correct and any incorrect entry or incomplete application shall disqualify the candidate.

3. This application does not ensure admission. The application or its abstract will be displayed on the club notice board for objection if any. It also passes through the membership committee and managing committee for their approval.

4. Once selected as a member he/she should visit the club regularly and take part in all club functions to the best of his/her ability.