

INDIAN INSTITUTE OF MATERIALS MANAGEMENT
 Plot Nos. 102&104, Sector 15, Institutional Area, CBD Belapur, Navi Mumbai -614
 E-mail: iimmnhq@mtnl.net.in/iimmnhq@vsnl.com ☎ 27565592 / 27561754

APPLICATION FOR MEMBERSHIP	Sending Branch Membership Type:
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Name (in full) : _____

Sex : Male/Female (Please ✓)

Date of Birth : _____

Place of Birth: _____

Nationality: _____

**Please affix
recent
passport size
photo**

Home Address: _____

State:	Pin Code:	Tel. No.:
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Company Name: _____

Company Address: _____

Tel No.:	Fax No. :	E-mail:
Nature of Business		

Address for Correspondence (Please ✓)

Home : _____

Office : _____

Academic & Professional Qualification(if any) _____

PLEASE GIVE THE FOLLOWING INFORMATION ABOUT YOUR PRESENT POSITION

Date Commenced	Position Held	Position Immediate Superior

Brief Summary of your Current Duties and Responsibilities

* _____
 * _____

Indicate the Number of persons under your supervision :

Directly / _____

Indirectly / _____

PLEASE GIVE INFORMATION ABOUT YOUR CAREER IN CHRONOLOGICAL ORDER/MOST RECENT FIRST

Date from	Date to	Position held	Company	Position of Immediate Superior

Please attach separate sheet wherever necessary

Reference : It is required that referees should be executive of firm including your immediate senior (not relative) who have a personal knowledge of the candidate. They must have actual knowledge of your responsibilities and one of them should be a member of IIMM.

1st Referee's Name : _____

Company Address : _____

Tel Number : _____

Position : _____

2nd Referee's Name : _____

Company Address : _____

Tel Number : _____

Position : _____

UNDERTAKING TO BE SIGNED BY THE APPLICANT

I wish to apply for membership of the Institute with appropriate membership status.

I hereby certify that all Information supplied in this application for membership is true and correct.

Date : _____ Applicant's Signature : _____

Enclosed herewith is D/D _____ for Rs. _____ (payable to IIMM)
 Being payment for _____ type membership.

OFFICE USE

Recommendation of the Branch Committee

Branch Chairman

BRANCH OFFICE

*Application forwarded to NHQ for review
 on _____

Copy forwarded to NHQ on _____ Applicant Informed on _____ ref _____ Communication received _____ Membership No. _____ Date _____ Branch Secretary	Application received from NHQ on _____ *Only cases referred by Branch for Special review
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INSTITUTIONAL MEMBERSHIP	Servicing Branch
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Name of Organisation _____
Address _____

Telephone/s _____ Fax _____ E-mail _____
Name of C.E.O _____

Nature of institution Public Limited Private Limited Proprietary NGD
Government Semi Government Training/Educational

Nature of Business _____
Other Professional Membership _____

Please nominates names of 2 Representative of the institute who will be represented in IIMM
(one in case of small scale industry)

1. Name _____ Designation _____
2. Name _____ Designation _____

Date : _____
Applicant's Signature

REMITTANCE DETAIL

I certify that all information is true and correct. I hereby enclose my Annual Subscription and Membership Fees of Rs. _____ by way of Cheque/DD _____ Dated _____ drawn in favour of Indian Institute of Materials Management, payable at Navi Mumbai.

INSTITUTIONAL MEMBER FEES (RS.)

	Entrance Fees	Annual Subscription
Institute Large Scale	Rs. 1000/-	Rs. 5000/-
Institute Small Scale	Rs. 500/-	Rs. 2000/-

REFERENCES

It is required that referees should be executive of firm including your immediate senior (not relative) who have a personal knowledge of the candidate. They must have actual knowledge of our responsibilities and on of them should be member of IIMM.

Signature 1 st Referee _____ Name: _____ Designation: _____ Company: _____ Phone: _____ Date: _____	Signature 2 nd Referee _____ Name: _____ Designation: _____ Company: _____ Phone: _____ Date: _____
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OFFICE USE

Recommendation of the Branch Committee

Branch Chairman

For Branch Office	For NHQ
Name of Referee Member: _____	Application received from branch on _____
Membership Number of Referee _____	Membership Number allotted _____
Copy Forwarded on NHQ on _____	Membership Kit sent on _____
Reference _____	
Date: _____	Date: _____
Branch Secretary	Director General