



INDIAN INSTITUTE OF CHEMICAL ENGINEERS
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IChemE
Institution of Chemical Engineers

APPLICATION FORM FOR JOINT STUDENT MEMBERSHIP (IIChE & IChemE)

1. NAME (Last, First, Middle)			
2. UNDERGRADUATE CLASS: Second/Third/Fourth Year			
3. Address: (a) Institution		(b) (Permanent) Residential	
Pin code: <input type="text"/>		Pin code: <input type="text"/>	
Phone - Institution: Mobile:		Phone - Residence: Mobile:	
E-Mail - Institution:		E-Mail - Residence:	
4. Address for Communication: (Please tick)		Residence: <input type="checkbox"/> Institution: <input type="checkbox"/>	
5. Date of Birth (dd/mm/yyyy): <input type="text"/>		6. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	7. Nationality: _____
8. Month and Year of Admission to the bachelor degree programme in Chemical Engineering: Month : Year:			
9. Expected completion date of the UG programme: Month: Year:			
10. Area of specialisation contemplated:			
11.. PAYMENT DETAILS:			
	2 years subscription (Rs.)	4 years subscription (Rs.)	
If you are currently a member of IIChE please pay	300/-	600/-	IIChE member no.
If you are non-member of both institution please pay	800/-	1100/-	
Payment should be made by Multicity Cheque/Demand Draft(DD) in favour of "INDIAN INSTITUTE OF CHEMICAL ENGINEERS" payable at Kolkata			
On Cheque/DD (Bank) <input type="text"/> No. <input type="text"/> Date: <input type="text"/>			
12. DECLARATION BY THE APPLICANT: I, the undersigned, attest that the particulars given above by me are true. If elected to Student Membership, I agree to abide by the Constitutions and the Bye-laws of the Indian Institute of Chemical Engineers. I also agree to inform IIChE the date of completion of Chemical Engineering Bachelor Degree programme/AMIChE Diploma programme.			
Date:		Signature of the Applicant:	
		Name:	
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14. ATTESTATION BY THE HEAD OF THE DEPARTMENT OF CHEMICAL ENGINEERING/SECRETARY, IChE

Mr./Mrs. is a bonafied student of this Chemical Engineering Department which has been recognised by the IChE/AICTE.

IChE Membership No.
(If member of IChE)

Signature of HOD:

Date:

Name of HOD:

Office Seal: