



# भारतीय सामग्री प्रबंधन संस्थान

## Indian Institute of Materials Management

NHQ: Plot No. 102 & 104, Sector-15, Institutional Area, CBD Belapur, Navi Mumbai -400614  
 Ph: 022-27561754, 27565831, Fax: 022-27565741, email: iimmhq55@gmail.com/ members@iimm.co.in

### MEMBERSHIP CATEGORY

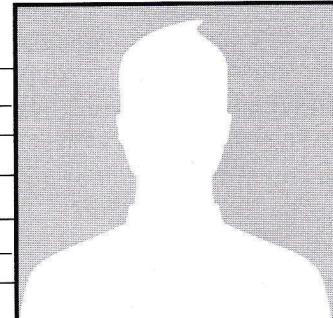
Life Member     Full Member     Associate Member

### SERVICING BRANCH

No.

Name \_\_\_\_\_ Sex:  Male  Female

### FOR OFFICE USE NHQ ONLY



Designation \_\_\_\_\_

Name of Organization \_\_\_\_\_

Office Address \_\_\_\_\_

Tel. & Mob: \_\_\_\_\_ email \_\_\_\_\_

Home Address \_\_\_\_\_

Tel. & Mob: \_\_\_\_\_ email \_\_\_\_\_

Educational Qualification \_\_\_\_\_

Work Experience (Start with present position)

(Please attach separate sheet where necessary)

Year	Year to	Position	Company / Organization

Membership of any other Professional organization

Your Blood Group \_\_\_\_\_ Your Date of Birth \_\_\_\_\_  
 Where will you like to receive the IIMM mail:  OFFIC  HOME

### UNDERTAKING

I wish apply for membership of the institute with appropriate status.

I certify that all information supplied in the application is true and correct.

I undertake to abide by all rules & regulations of IIMM as on date and to be revised in future

**Eligibility: Associate:**

**Others:**

**Applicant's Signature**

Date: \_\_\_\_\_

### REFERENCE

(From IIMM Member / your immediate senior organization where worked / working who have a personal knowledge of IIMM.

Signature 1<sup>st</sup> Referee \_\_\_\_\_

Signature 2<sup>nd</sup> Referee \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Designation & Company \_\_\_\_\_

Designation & Company \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

**BRANCH CHAIRMAN**

