



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: iimmnhq55@gmail.com/ members@iimm.co.in

INSTITUTIONAL MEMBERSHIP

Institute Large Scale Institute Small Scale

SERVICING BRANCH

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Name & Organization _____

Designation _____

Name of Organization _____

Office Address _____

Tel. & Mob: _____ email: _____

Name of C.E.O. _____

National of Institution: Public Limited
 Government Private Limited
 Public Sector Proprietor SME
 Training / Educational

Nature of Business / Industry _____

Other Professional Membership _____

Please nominate 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 / Demand Draft No Dated drawn in favour of "Indian Institute of Materials Management" Navi Mumbai.

INSTITUTIONAL MEMBERSHIP	Entrance Fees	Annual Subscription	REMARKS
Institute Large Scale	Rs.1000/-	Rs.6000/-	Also members can avail 5 years membership by paying Entrance Fees + 3 years subscription Rs.19000/- +18% GST to the Total Amount
Institute Small Scale	Rs.500/-	Rs.2500/-	Also members can avail 5 years membership by paying Entrance Fees + 3 years subscription Rs. 8000/- +18% GST to the Total Amount

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 our responsibilities and one of them should be member of IIMM.

Signature 1 st Referee	Signature 2 nd Referee
Name: _____	Name: _____
Designation: _____	Designation: _____
Company: _____	Company: _____
Tel: / Mobile: _____	Tel: / Mobile: _____

OFFICE USE

Recommendation of the Branch Committee

BRANCH CHAIRMAN

FOR BRANCH OFFICE	FOR NATIONAL HEADQUARTERS
❖ 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 _____	Director General 
Branch Secretary 	