FEDERATION OF INSTITUTES & INDUSTRIES
FII

MEMBERSHIP FORM

(Please fill the block in letters)

1) Name of Institution /Industries   : _____

2) Year Established   : _____

3) Address   : _____

    (If you have any other office in India   : _____

    Please attach complete addresses)   _____

    Telephone: _____   Fax:

_____

           Email: _____ Website: _____

4) Date and number of registration AICTE/UGC   :_____

        _____

5) Name and address President/vice President   :   1) _____

    Or   _____

    Chairman/vice Chairman   :   2)

_____

      _____

6) No. of permanent/temporary staff on you roll   : _____

7) Institution type   ☐   :☐ Non-   ☐ Technical ☐ Government ☐ Private
             ☐
             ☐
   Technical   ☐   ☐
   Government   Private
         Polytechnic ☐
   Government   Private ☐

         Academic or Research Institution   Other, please specify:

8) Capacity of students of Institution for last two years   :
_____

9) Placement performance of Institution for last two years: _____ *We

hereby give our consent to abide by the Rules and Regulations of the Confederation

Signature _____

Date_____

Name _____

Designation _____