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 _____

FOR OFFICE USE ONLY

Meeting Approval Date:

Membership No.:

federation of Institutes and Industries