ILLR	Indian Institution of C Post Box No10901, Bhikaji Cama Place, R.K. Puram, New D	elhi-110066, INDIA <u>A Chenna</u> i Northern <u>New Delh</u> i institution.com	
Payment Detail (By DD/Cheo	lue)		
Encl : Draft / Cheque No. : Date: Amou		unt: 11,000/-	
Name of the Bank & Branch			
Payment Detail (By Online	e)		
State Bank of India (S.B.I) Account No. 3 5 1 8 7 6 1 9 9 9 3			
IFS Code: SBINO	0007755 Branch: Bhikaji Cama Place, New Delhi-66		
Request Reference No.			
Name of the Candidate			
Date of Birth	Age		
Name of the Mother		Paste box size photograph here	
Name of the Father			
Address for Corospondance			
Mobile No. : Email Id:	Mobile No. :		

Declaration:

- After having fully understood the Information as Instruction as given, I hereby apply for as a Corporate Membership of the IIE.
 I have noted that the decision of the Institution shall be final in granting the Membership.
- I accept the responsibility for the accuracy of the particulars contained in the application form with regard to my qualification and experience and agree that if I am elected shall depend upon the accuracy of such particulars as required in Bye-Laws
- I also undertake to abide by Professional Conduct rules and /or Code of Ethics that IIE Institution may frame time to time.
- I further undertake that I will promote the object of the Institution as far as may be in my power provided that whenever.
- I know if any Dispute arise the Jurisdiction of settlement is Delhi Court only.

Documents to be attached [xerox copies should be Self Attested]

Date	Signature of Applicant

✓ Certificate in the support of Date of Birth (DOB)

Educational Qualification Document [i.e - MIIE / M.Tech / B.Tech / B.E / AMIIE]

 $\checkmark\,$ Work Experience Showing Evidence