Indian Institution of Engineers

(Incorporated by Govt. of India)

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Expression of Interest Form for Affiliation (Student's Chapter)

Application No. For office use only)		Dated
	RMATION OF INSTITUTE	E/ INDIVIDUAL:
(Use blo	ock letters only) Name of Institute/Individuals	:
b.	Postal Address	:
c.	Phone/Fax/Email/Telex	:
d.	Year of Establishment	:
2. INFORMATION ABOUT DIRECTOR /PROPRIETOR/PARTNER		
a.	Name	:
b.	Postal Address	
c.	Phone/Fax/Email/Telex	:
d.	Date of Birth & age	:
e.	Education Qualification	:
open a student's cl understand all ru	hapter of Indian Institution of Engineers ales & regulation of Indian Institution or r of "Indian Institution of engineers"	or/Partner having institute name

I declare that the above mentioned information given by me are true and best of my knowledge.