Fulltime undergraduate student application form for joint membership of IIChE & IChemE

Please complete the application in BLOCK CAPITALS.

About you

Return this form with your payment to: DR H L Roy Building, Raja Subodh Mullick Road, PO Box 17001, Kolkata $-700\,032$

Last name/family name:	=			
First names:				
Preferred name:				
Title: Mr/Ms/Miss/Mrs/othe	r			. Male Female
Date of birth:			6	
Nationality:				
Mobile telephone number:				
(Country/area code /number)			
Your education Degree title:	,	, ,		
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How to contact you				
	Residential (permanent) add	dress:	Institution/ Industr	y address:
Address:	***************************************		***************************************	
Postcode / PO box:				
Town/city:				
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Contact telephone: (Country/area code/number))			
Preferred address for commu	nicațion: □Residence or □I	Institution/Indu	stry	
(IIChE use only) PIN				ž





Declaration by the applicant:

IIChE Declaration

I, the undersigned, attest that the particulars given above by me are true. If elected to Student Membership, I agree to abide by the Constitution Bye-laws of the Indian institute of Chemical Engineers. I also agree to inform the IIChE of the date of completion of the Chemical Engineering Bachelor Degree programme / the AMIIChE Diploma programme.

IChemE Declaration and data protection

In accordance with the fully registered Data Protection Act IChemE (including staff, voluntary officers and companies processing data on IChemE's behalf) will hold and use the data contained on this form for administration purposes, to keep you informed of activities, and offer goods and services provided by IChemE. For members who live outside the UK data may be transferred to their local centre. It is the express wish of Council that information relating to members is only available to IChemE and not for direct access by third parties. Arrangements are occasionally made with suppliers of goods and services for their mailings to be sent to members. All material is carefully vetted and the mailing list is never released to third parties. Please tick the following boxes if you do not wish to receive:

postal mailings about IChemE events, products, services and local activities | IChemE monthly emails regarding events, products and services | third party mailings | IChemE products and services.

I certify that the statements I have made on this form are true and correct and I agree that if I am elected that I will be bound by the Royal Charter and By-Laws of IChemE. I give my permission for appropriate details of my academic record to be disclosed by my department to IChemE for as long as I remain a member of the Institution. I also agree to receive toe issues electronically which are audited by the ABC and I agree they can make contact with me to verify the circulation.

Signature:	Date:								
Attestation									
ATTESTATION BY THE HEAD OF DEPARTMENT OF CHEA	MICAL ENGINEERING /	SECRE	TARY, th	ne IIChE					
Mr / Mrs/ Missis been recognised by the IIChE.	a bonafide undergradu /	ate stuc	ient of ti	ne chen	nical er	gineerin	g depart	ment w	hich
The candidate was enrolled for the Associate membership	examination of the IICh	E in the	year						
IChE membership no:	signature:								
(if member of IIChE):	name:								
Date:	office seal:								
** 1									
Membership fees									
Please enclose your payment (see below tables) and return	the fully completed for	m to the	e followi	ng addr	ess:				
DR H L Roy Building, Raja Subodh Mullick Road, P O Bo	x 17001, Kolkata – 70	0 032							
For those in their first, second or third year of undergradual	te study below are the f	ees for i	either tw	o year i	nembe	ership or	four yea	ir memb	ersh
		4 year subscription							
	2 year subscription	4 ye	ear subs	cription					
	2 year subscription (Rs)	4 yr (Rs		cription			,		
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if you are currently a member of IIChE please pay: If you are a non-member of both institutions please pay:	(Rs)	1)	/-		ChE men	nber no.	(if knov	wn):
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