## Instrument Society of India Department of Instrumentation, Indian Institute of Science, Bangalore – 560 012

## **Life Membership Form**

## **Personal Details**

Name of the Applican	t:			Affix a Passport
Date of Birth: Qualification:  Working Institution: Designation:				
	Town/City:	Pin Code:	State:	
Telephone No.		Mobile No.		
Email:				
	<u>P</u>	ayment Details		
	•	bership Amount Rs: 3000/-		
		nstrument Society of India"		
		<b>Declaration</b>		
	I declare that the above g	given information is true as to my	y knowledge.	
Date				
Place	Signature of the Applicant			

All Correspondence to be sent to:

General Secretary, Instrumentation Society of India, Indian Institute of Science, Bangalore – 560 012