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| **INDIAN ASSOCIATION FOR PRODUCTIVITY, QUALITY & RELIABILITY** | |
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| mhtml:file://C:\Documents%20and%20Settings\Subrata\Desktop\IAPQR,%20Indian%20Association%20for%20Productivity%20Quality%20&%20Reliability.mht!http://www.iapqr.org/images/BSet1/IAPQRLogoBlue.gif | ( *Affiliated to the International Statistical Institute* ) **Address: BB-239, Sector - I, Salt Lake City, Kolkata 700 064. Phone No.: 91-33-2334 6234/3 (12 Noon - 6 p.m.);  Telefax: 91-33-2334 6234 Email: iapqr@yahoo.co.in** |

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| ***Application for Admission to Institutional Membership*** |

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| We have gone through rules and regulations of your society and being interested/ involved in the quality Movement in India, desire to be enrolled as an institutional member of society. Details regarding our two duly authorised representatives are given below. An amount of Rs.5,000.00 p.a. as subscription is being sent in cash/Bank Draft drawn in favour of **Indian Association for Productivity, Quality & Reliability.** |

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| Date: \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Signature of the Authorised Person |

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| |  |  | | --- | --- | | Name of the Organisation: |  |  |  |  | | --- | --- | | Address: |  |  |  |  |  | | --- | --- | --- | | Telephone: \_\_\_\_\_\_\_\_\_\_ | e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax: \_\_\_\_\_\_\_\_\_\_ | |

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| **Principal Nominee** |

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| |  |  | | --- | --- | | 1. Name: |  |  |  |  |  | | --- | --- | --- | | 2. Address: | a)Office b)Residence |  |  |  |  | | --- | --- | | 3. Designation: |  |  |  |  | | --- | --- | | 4. Qualification (with Specialisation): |  |  |  |  |  | | --- | --- | --- | | 5. Telephone No.   Mobile : | a) Office: \_\_\_\_\_\_\_\_\_\_\_\_\_ | b) Residence:\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Alternate Nominee** |

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| |  |  | | --- | --- | | 1. Name: |  |  |  |  |  | | --- | --- | --- | | 2. Address: | a)Office b)Residence |  |  |  |  | | --- | --- | | 3. Designation: |  |  |  |  | | --- | --- | | 4. Qualification (with Specialization): |  |  |  |  |  | | --- | --- | --- | | 5. Telephone No.   Mobile : | a) Office: \_\_\_\_\_\_\_\_\_\_\_\_\_ | b) Residence:\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **For Office Use only** |

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| |  |  | | --- | --- | | Application | i)  received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii) placed before the Board of Governors on\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | | --- | --- | | Membership intimated on |  | |