



APPLICATION FOR MEMBERSHIP-CORPORATE

Membership Category:

Educational Institutes

Industrial

Name of the Organization:

Mailing Address:

Telephone:

Fax:

Email:

Nature of the Organization:

Public	<input type="checkbox"/>
Private	<input type="checkbox"/>
Proprietary	<input type="checkbox"/>
Government	<input type="checkbox"/>
Semi-Government	<input type="checkbox"/>

National/International Accreditations (if any):

Nature of Business:

Other Professional Membership:

Nominate names of 2 Representatives of the organization who will represent in CME E:

S.No.	Name	Designation	Contact no.	Email-ID
1				
2				

I/we declare that the information provided above is accurate and true and I/we agree to abide by the CME E's rules and regulations and code of conduct.

Signed by Authorized signatory

Name:

Place:

Designation:

Date:

Stamp:

Proposed by:

Seconded by:

FOR OFFICE USE ONLY

Reviewed in CME E meeting on:

Review outcome:

Approved:

Rejected:

Payment Details

1. Demand Draft in favor of "Indian Institute of Management Lucknow-Noida Campus" Payable at Noida
2. Electronic transaction as per the following details:
 - a) Name: Indian Institute of Management Lucknow, Noida Campus
 - b) Banker name: Axis bank Ltd
 - c) Address : B2-B3, Sector-16, Noida 201301
 - d) MICR Code: 110211004
 - e) IFSC Code: UTIB0000022
 - f) SWIFT Code for Foreign Participants: AXISINBB022 (for Foreign participants who wants to send money in Indian currency)
 - g) A/C Type: S/B Account
 - h) Account Number: 022010100356060