



## APPLICATION FOR MEMBERSHIP-INDIVIDUAL

Membership Category:

Academician/ Working Professional  Student  Life Member

Name of the Individual:

Name of the Organization and Designation:

Official Address:

Telephone: Fax: Email:

Residential Address:

Telephone: Fax: Email:

Sex: Date of Birth:

Highest Educational Qualification:

Work Experience (Start with present position):

Tenure	Organization	Designation

*(Please attach separate sheet if necessary)*

Other Professional Membership:

References:

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.*

Signature of Applicant

Place:

Date:

Proposed by:

Seconded by:

<p><b>FOR OFFICE USE ONLY</b></p> <p>Reviewed in CME E meeting on:</p> <p>Review outcome:</p> <p>Approved:</p> <p>Rejected:</p>
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<p><b><u>Payment Details</u></b></p> <ol style="list-style-type: none"> <li>1. Demand Draft in favor of "Indian Institute of Management Lucknow-Noida Campus" Payable at Noida</li> <li>2. Electronic transaction as per the following details:             <ol style="list-style-type: none"> <li>a) Name: Indian Institute of Management Lucknow, Noida Campus</li> <li>b) Banker name: Axis bank Ltd</li> <li>c) Address : B2-B3, Sector-16, Noida 201301</li> <li>d) MICR Code: 110211004</li> <li>e) IFSC Code: UTIB0000022</li> <li>f) SWIFT Code for Foreign Participants: AXISINBB022 (for Foreign participants who wants to send money in Indian currency)</li> <li>g) A/C Type: S/B Account</li> <li>h) Account Number: 022010100356060</li> </ol> </li> </ol>
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