



# भारतीय सामग्री प्रबंधन संस्थान Indian Institute of Materials Management

NHQ: Plot No. 102 & 104, Sector-15, Institutional Area, CBD Belapur, Navi Mumbai -400614  
Ph: 022-27561754, 27565831, Fax: 022-27565741, email: iimnhq55@gmail.com/ members@iimm.co.in

## INSTITUTIONAL MEMBERSHIP

### SERVICING BRANCH

Institute Large Scale ☐ Institute Small Scale ☐

Name & Organization \_\_\_\_\_

Designation \_\_\_\_\_

Name of Organization \_\_\_\_\_

Office Address \_\_\_\_\_

Tel. & Mob: \_\_\_\_\_ email \_\_\_\_\_

Name of C.E.O \_\_\_\_\_

National of Institution: Public Limited ☐ Private Limited ☐ Proprietor ☐ SME  
Government ☐ Public Sector ☐ Training / Educational ☐

Nature of Business / Industry \_\_\_\_\_

Other Professional Membership \_\_\_\_\_

Please nominate names of 2 Representative of the Institute who will be represented in IIMM. (One in case of Small Scale Industry)

1. Name: \_\_\_\_\_ Designation \_\_\_\_\_

2. Name: \_\_\_\_\_ Designation \_\_\_\_\_

Date: \_\_\_\_\_

### Applicant's Signature

### REMITTANCE DETAIL

I certify that all information is true and correct. I hereby enclose my Annual Subscription and Membership Fees of Rs. .... by way of Cheque / Demand Draft No ..... Dated ..... drawn in favour of "Indian Institute of Materials Management" Navi Mumbai.

INSTITUTIONAL MEMBERSHIP	Entrance Fees	Annual Subscription	REMARKS
Institute Large Scale	Rs.1000/-	Rs.6000/-	Also members can avail 5 years membership by paying Entrance Fees + 3 years subscription Rs.19000 /- +18% GST to the Total Amount
Institute Small Scale	Rs.500/-	Rs.2500/-	Also members can avail 5 years membership by paying Entrance Fees + 3 years subscription Rs. 8000/- +18% GST to the Total Amount

### REFERENCE

It is required that referees should be Executive of Firm including your immediate Senior (Not Relative) who have a personal knowledge of the candidate. They must have actual knowledge of our responsibilities and one of them should be member of IIMM.

Signature 1 <sup>st</sup> Referee _____	Signature 2 <sup>nd</sup> Referee _____
Name: _____	Name: _____
Designation: _____	Designation: _____
Company: _____	Company: _____
Tel: / Mobile: _____	Tel: / Mobile: _____

### OFFICE USE

Recommendation of the Branch Committee

BRANCH CHAIRMAN

#### FOR BRANCH OFFICE

❖ Name of Referee Member \_\_\_\_\_  
❖ Membership Number of Referee \_\_\_\_\_  
❖ Copy Forwarded on NHQ on \_\_\_\_\_  
❖ Reference \_\_\_\_\_  
❖ Date \_\_\_\_\_

Branch Secretary

#### FOR NATIONAL HEADQUARTERS

❖ Application received from branch on \_\_\_\_\_  
❖ Membership Number Allotted \_\_\_\_\_  
❖ Membership Kit sent on \_\_\_\_\_  
❖ Date \_\_\_\_\_

Director General