

**J B Institute of Inventors Association India**

Yenkapally, Moinabad, Hyderabad-500075

JBIIAI Membership Form

Name of the Applicant: Designation:

Father’s / Guardian’s Name:

Date of Birth: Age as on Date of Applying (in Years): …………….

Qualification (Highest Degree):

Area/s of Specialization: Research Areas:

Name of Organization with Full Address:

Mobile No: Email id:

Residential Address:

I agree that I will work to strengthen the Objectives of JBIIAI.

**Date: Signature:**

**Recommendation of the Head of the Institution**

1. The Applicant has been working as a Faculty Member / Staff Member in the College since ………….

2. The Applicant is a student of ………… Course. His Registration No. is ….. He joined in 20… . The Course is of …….years duration.

3. I recommend his/her request for Membership of JBIIAI free of Cost.

**Date: Signature:**

**Name:**

**Stamp**

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**For Office Use only**

1. Fees Payment Details **(The Membership is free of cost to Faculty, Staff and Students of JBGEI)**.

2. Membership of JBIIAI is **Approved / Not Approved.**

3. Validity of Membership is up to ……….. (Normal duration of the Course for Students and up to 5 years or earlier for Faculty and Staff i.e. till they continue to serve in JBGEI).

**Date: Signature of Secretary:**

**Name:**

**Stamp**

1. Membership No. --------has been informed to the Applicant by mail on …… and to the College by mail on …….

2. Identity Card bearing No. ------------ has been issued on …………

**Date: Signature of Chief Coordinator:**

**Name:**