



# 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: members@iimm.co.in / iimmnhq55@gmail.com

## INSTITUTIONAL MEMBERSHIP

Institute Large Scale  Institute Small Scale

## SERVICING BRANCH

No

### 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)

- Name:** \_\_\_\_\_ **Designation** \_\_\_\_\_
- 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/- upto 1 Lakh (+18%GST) on 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) on 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 <b>1<sup>st</sup> Referee</b> _____	Signature <b>2<sup>nd</sup> Referee</b> _____
Name: _____	Name: _____
Designation: _____	Designation: _____
Company: _____	Company: _____
Tel. / Mobile: _____	Tel. / Mobile: _____

## OFFICE USE

Recommendation of the Branch Committee

**BRANCH CHAIRMAN**

### FOR BRANCH OFFICE

### FOR NATIONAL HEADQUARTERS

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

Branch Secretary



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

Director General

