

# *Instrument Society of India*

*Department of Instrumentation, Indian Institute of Science, Bangalore – 560 012*

## **Institutional Life Membership Form**

### **Institution Details**

Name of the Institution: .....

Date of Start: ..... Courses Offered : .....

Address for correspondence: .....

.....

Town/City: ..... Pin Code: ..... State: .....

Telephone No. .... Mobile No. ....

Email: .....

### **Payment Details**

*Institutional Life Membership Amount Rs: 25,000/-*

**Demand Draft should be drawn in favour of “Instrument Society of India” payable at Bangalore**

**Drawn on Bank:** .....

**Institutional Life Member Number (for office use only): ILM** .....

### **Declaration**

*I declare that the above given information is true as to my knowledge.*

*Date*

*Place*

*Signature of the Director/Principal*

All Correspondence to be sent to:

**Hon. General Secretary, Instrumentation Society of India, Department of Instrumentation Indian Institute of Science,  
Bangalore – 560 012.**