

MEMBERSHIP APPLICATION FORM THE ELECTROCHEMICAL SOCIETY OF INDIA

Indian Institute of Science Campus, Bangalore-560 012 Tel : 08022932613 E-mail: <u>ecsiiisc@gmail.com</u>

	I				
Name					
Company/Organization					Attach a most recent
					passport size photograph
					25x40mm or smaller (Colour Preferred)
Business Address					
Telenhaua			NCODE:		
Telephone		FAX			
Home Address					
				PIN	CODE:
Telephone			FAX		
•					
Send Email To	Business Address			Address	
				Address	

THE ELECTROCHEMICAL SOCIETY OF INDIA

DOB	(DD)/(MM)(YE	EAR)			
Place of Birth					
	Fellow Stu	Ident	Transfer	Patron	
Membership Type		Fresh	Life Member	Life Fellow	
		Do	nor		
Primary Fields of Interest (Write any six fields in order of preference) <u>(See Notes Below)</u>					
	01: Electrode Kinetics 04: Electro-		n and Protection	03: Electrode Plating	
	forming/milling/machinery	05: Metal Fin	ishing	06: Anodizing/Colouring	
	07: Surface Conversion Coatings	08: Batteries	/Fuel Cells	09: Environmental Pollution	
Areas of Interest	10: Pollution control	11: Effluents	and Treatment	12: Electrode Materials	
	13: Electrical Furnaces	14: Oxidation Kinetics		15: Bioelectrochem/Engg	
	16: Electronics	17: Energy Management and Audit		18: Metal Extraction	
	19: Computer Application in Electrochemistry	20: Electrochemical Science		21: Electrochemical Technology	
Type of Work	Production	Teaching		Consultancy	
	R&D	Manager/Purchase/Sales		Others	

	EDUCATION							
Name of	Date Attended		5	_				
College/University	From	То	Degree	Date	Subject			

	Date Att	ended	
Place	From	То	Responsibilities
	ount Rs 6500/- US		constitution and Bylaws of the Society. JTR No Dated on
ccount Number: 068			yment details

Place	Date	Signature

THE ELECTROCHEMICAL SOCIETY OF INDIA

	EN	DORSEMENT TO THE APPLICANT
This application m	nust be endorsed by tw	o full members/ fellows (one enough for student member) of the society or
by some familia	r with your qualification	and work. If you are unable to secure the signature, list the name of the
	member you	know. The society will obtain signature for you
	Name	
	Position	
Endorser 1	Address	
	Date	
	Signature	
	Name	

	Name	
	Position	
Endorser 2	Address	
	Date	
	Signature	
Area in which consultance	cy can be given	
Area in which short term course/workshop can be		
Membership in editorial boards/ editorship of journals, proceedings etc		
Membership of other professional societies with date of election & grade		

FOR OFFICE USE ONLY								
Date of Application			Form Rec	eived				
Date of Council Meeting		Approved		ed	YES	NO		
Secretary			Presi	dent				