



INDIAN CERAMIC SOCIETY

Care: CSIR-CENTRAL GLASS & CERAMIC RESEARCH INSTITUTE • KOLKATA – 700 032 (INDIA)
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APPLICATION FOR LIFE MEMBERSHIP

(To be filled in and returned to the Hon'y Secretary along with a brief bio-data*)

I desire to become a Life Member of the Indian Ceramic Society.

I furnish the following information concerning myself. I promise that, if admitted, I will be bound by the Constitution of the Society and will endeavour to pro mote its aims and objectives.

Name of Applicant: (Dr/Mr/Ms)
(in block letters) 1st name 2nd name (if any) Surname

Qualifications:..... Date of Birth:

Employed at :

Designation :

[A] Business Address:

Street:..... City/Town/Village:

Dist:..... State: PIN:

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Phone: FAX : E-mail:

[B] Residential Address:

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PIN:

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 Phone: Mobile :
(STD Code) (Number)

I desire communications to be addressed to me at Business/Residential address.

Subject of Interest: (mark not more than two from below)

- Engineering Ceramics (EC) Electronic Ceramics (ELC) Glass (G) Refractories (R)
- Whiteware and Heavy Clay Products (P) Coatings and Colours (CC) Composites (C) Raw Materials (RM)
- Vitreous and Porcelain Enamels (E) Machinery and Equipment (M) Any other (please specify)

Signature of the Applicant: Date:

We, the under mentioned members of good standing of the Society, from our knowledge about the candidate, recommend him/her for admission.

Name of the Proposer : Signature : Membership No.:

Name of the Seconder:.....Signature : Membership No.:

On admission, persons resident in a Chapter area automatically also become members of that Chapter of the Society

*Educational Qualifications, Employment, Experience, Papers published (if any, only nos.) Patents (if any) and Major professional contributions

**Subscription: Rs 9000.00/- and Admission Fee: Rs.1000.00/- [+18% GST would be applied]
Our GSTIN is 19AAATT7382E1Z6**

Payment may kindly be made by DD/Cheque payable at Kolkata, drawn in favour of "The Indian Ceramic Society"

FOR OFFICE USE ONLY

Date of payment of admission fee and first subscription : Receipt No. : Amount:

Membership No. : Date of enrolment : Signature:

Address for communication: [A] / [B] {Please tick either of the two}.