

Indian Laser Association

Membership Form

Full Name : _____
Address : _____
for correspondence _____ P.I.N.: _____
Tel.#.: _____ Fax.#.: _____
E.mail address : _____ @ _____
Other Address : _____
(Res. / Office) _____ P.I.N.: _____
Tel.#.: _____ Fax.#.: _____
Date of birth : _____
Highest acad. Degree : _____
Awards / Honours : _____
Present position : _____
Fields of specialization : _____
Type of membership : Life (Rs.1500)/ Student (Rs.250)/Corp.(Rs.10000)
Mode of fee payment : Cheque # _____ / Draft # _____

Date : _____ Signature : _____

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- Send completed form along with payment to : General Secretary II, ILA, Laser R&D block A, Centre for Advanced Technology, Indore, 452 013, M.P.
- Bank draft should be payable to Indian Laser Association, payable at Indore.
- For outstation cheques, please add bank charges [Rs.35 up to One Thousand Rupee and Rs.4.50 per additional Thousand Rupee].

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For ILA office use

Membership Number : _____

Fee payment receipt # : _____

Gen. Secretary II, ILA