APPLICATION - STUDENT CENTER IN AFFILIATED INSTITUTIONS

(A minimum of 50 Student members are required to form the Student Center)

1.	NAME OF INSTITUTION			
2.	YEAR OF COMMENCEMENT			
3.	ADDRESS			
4.	CONTACT NUMBER	Landline:		Mobile:
5.	EMAIL			
6.	INTAKE (as per COA			IIA Affiliation No of
	approval)			Institution:
7.	UNIVERSITY/ AFFILIATING UNIVERSITY/ IOE, GOI			
8.	PRINCIPAL/ HOI (Name, Designation and IIA Membership No)			Mobile No:
				Email:
	in this income in the			
9.	FACULTY COORDINATOR(S) OF IIA STUDENT CENTER (Faculty Coordinators are required to be IIA members)	1.	Name, Designation and Membership No:	Mobile No:
				Email:
		2.	Name, Designation and	Mobile No:
			Membership No:	Email:
10.	STUDENT REPRESENTATIVES OF STUDENT CENTER (Name and year currently studying in) Student representatives are required to be student members of IIA in good standing	(i)	Chairperson	Mobile no:
10.				Email:
		(ii)	Vice Chairperson	Mobile No:
		(11)	vice Chairperson	Email:
				Errican
		(iii)	Jt. Secretary	Mobile No:
		(111)	ot. Georgiany	Email:
		(iv)	Jt. Secretary cum Treasurer	Mobile No:
				Email:
		(v)	Member	
				Mobile No:

				Email:			
		(vi)	Member	Mobile No:			
				Email:			
		(vii)	Member	Mobile No:			
				Email:			
		(viii)	Member	Mobile No:			
				Email:			
		(ix)	Member- Imm. Past Chairman	Mobile No:			
				Email:			
11.	PAYMENT DETAILS (Student Membership fees)	Cheq	que/ DD Details/ Bank Transfer	Amount:			
Attach the following documents to this Application:							
 Copy of the Affiliation Certificate issued by IIA. List of Student Members; year studying in; Membership fee (+ 18% GST) paid certified by HOI/ Principal Proof of Payment 							
Place:			Signature of He	ead of Institution:			
Date:			Name and Des	ignation:			
			Seal				

Institution Seal