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MEMBERSHIP FORM FOR INDEPENDENT SPOUSE MEMBER

#	Item	Particulars		
1	Name of Spouse			
2	Alumnus of which IIT (If alumnus of more than one IIT, please mention only the first IIT)			
3	Batch / Year			
4	Course completed			
5	IIT Roll No.			
6	IITAIIC ID No.			
7	Type of membership applied and paid for	INDEPENDENT SPOUSE		
8	Details of change of relationship status with spouse-deceased, legally separated etc			
9	Your Date of Birth (dd/mm/yyyy) and age			
10	Your Mailing address			
11	Your E mail id			
12	Your Residence Phone Number			
13	Your Mobile Phone Number			
14	Your Professional Designation			
15	Your Organization			
16	Your Office address			
17	Your Office Phone Number(s)			
18	Name of Spouse if remarried			

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19	Spouse Phone Number					
20	Spouse E mail id					
19	Name(s) of all dependent children and their age (< 21 only)					
20	Fees Paid (cheque # and date, Bank name, Wire Transfer details, etc)					
21	Hobbies					
22	Would you like to volunteer your time for the Center? If yes, please give details					
23	Any other details you wish to add					
Declaration I						
Proposed by						
Seconded by						
Place		(Signature)				
Date						
FOR OFFICE USE ONLY						
Received on		Ву				
Initial Fee Amount		Received on				
Verified on		Ву				
Considered on						
Decision		Admitted / Denied				
Decision conveyed on		Ву				