

THE INSTITUTE OF CIVIL ENGINEERS & ARCHITECTS, SURAT

ICEA Gordhan Hall, Suryapur Society, Rander Road, Surat - 395009. Ph : 0261-2778110
E-mail : iceasurat@yahoo.in Website : www.iceasurat.org GST No. : 24AAAAT5360K1ZF

MEMBERSHIP APPLICATION FORM

To,
President / Hon. Secretary,
THE INSTITUTE OF CIVIL ENGINEERS & ARCHITECTS (ICEA), SURAT

Dear Sir,

I _____
desire to submit my name as ORDINARY / ASSOCIATE / LICECINATE / OTHER _____
LIFE MEMBER of "The Institute of Civil Engineers & Architects", Surat

Name : _____
Surname First Name Middle Name

Office Address : _____

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Resi. Address : _____

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Affix
Colour Passport
Size Photograph
Here

Mobile :

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Tel. No. (R) :

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* Tick for Postal Address

E-Mail ID : _____ Date of Birth : _____

Website : _____ Blood Group : _____

Qualification : _____

Occupation : ENGINEER ARCHITECT PROFESSIONAL GOVT. SERVICE SERVICE
DEVELOPER INTERIOR DESIGNER OTHERS _____

Professional Licence No. : _____

(SMC / SUDA / IIIA / IEI / IOV / OTHER PROFESSIONAL BODY)

Quote the Membership of other Institutions in detail

I declare that all the data & information provided by me in this application form are true & correct. I hereby promise to abide by all the Rules & Regulations of the Institute and enclose here with the sum of Rs. _____ in words Rupees _____ towards _____ membership which it is understood will be returned to me in case of non-selection.

Date :

Applicant's Signature

We are fully acquainted with Mr./Ms. _____ and thereby we propose him/her for membership of the Institute.

Name of Member : _____ Signature : _____

Name of Member : _____ Signature : _____

Eligibility : All life members will be the members of the profession of Civil Engineering, Architecture, Town Planning, Interior Design, Valuation and such other branches of Civil Engineering and Architecture and shall possess sufficient qualification for eligibility to the membership of the Institute in the opinion of managing committee.

FAMILY DETAILS

Name of Spouse : _____ Birth Date : _____

Children (1) : _____ Birth Date : _____

(2) : _____ Birth Date : _____

Special Interest in any Activity : _____

Father's Name : _____

Mother's Name : _____

FOR OFFICE USE ONLY :

Passed in Managing Committee Meeting on Date : _____

Details of Payment : Cheque / Cash / D.D.

Bank Name :

Amount :

Checked & Verified

(1) Hon. Secretary

(2) Co-ordinator / Chairman

(Subject to realisation of cheque please issue cheque / DD. In favour of THE INSTITUTE OF CIVIL ENGINEERS AND ARCHITECTS, SURAT. Only)

NOTE : (1) if ICEA find it and data provided by me is wrong or find misconduct in rules and regulations of institute, ICEA can revoke my membership without prior notice.
(2) Once membership is been approved by MCM OF ICEA, fees are non refundable in any case.
(3) All documents submit with form must be self attested.