



THE INSTITUTE FOR INNOVATIONS IN ENGINEERING AND TECHNOLOGY (IIET)

(Registered under section 58(1) of the Indian Partnership Act 1932 by the Registrar of Firms, Andhra Pradesh India)

(An ISO 9001:2015 Certified and MSME Registered Organization)

Reg. Office: D. No: 2-139, BESIDE CHURCH, THUMULA CENTER, PORANKI, ANDHRA PRADESH-521137.

Branch Office: D. No: 17-196, 5TH LINE, NEW SANATH NAGAR VIJAYAWADA, ANDHRA PRADESH, INDIA-520007.

Website: www.theiiet.com , E-mail: contact@theiiet.com , iietcustomercare@gmail.com , Contact: 91-9533111789, 91-8410479999.



DATA SHEET FOR STUDENT CHAPTER (IIET-SC) AND INDIVIDUAL STUDENT MEMBERSHIPS (SM)

| Name of the Institution/University: | | Department: | | | Course & Year: | | |
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| S.No | Member ship No. will be allotted by IIET | Name of Student As per SSC | Father's Name | Date of Birth (dd-mm-yyyy) | Residential Address | E-mail Id & Contact No | Photo |
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RECOMMENDATION LETTER FROM HEAD OF THE INSTITUTION TO ESTABLISH IIET STUDENT CHAPTER

I hereby certify that the above is the list of students of _____ Institution/ University to establish **IIET STUDENT CHAPTER** at our organization and the information given is correct as per the college records. In this regard, I am assigning one faculty Coordinator to look after the student chapter activities. You may contact the Coordinator for further works to be done in future. His/ Her details are as follows:

Name of faculty Coordinator: _____

Designation: _____

IIET membership category & number: STUDENT MEMBER (SMIIET): _____

Mobile / Phone number: _____

Email Id: _____

Details of Payment: Amount (Rs): _____ (In words: _____)

By Cash / DD number / NEFT Transfer (Transaction Ref.No.)/UPI Transaction No: _____

Date of Payment: _____

Signature of Head of the Department/ Institute With seal