

(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, 5<sup>TH</sup> 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 INDIVIDUAL FACULTY MEMBERSHIPS (FACULTY CHAPTER)

Name of the College/Institution:						Department:			
S.No	Member ship No. will be allotted by HET	Name of Faculty As per SSC and Designation	Father'sName	Date of Birth (dd-mm-yyyy)	Qualification	Teaching Experience in Years	Residential Address E-mail Id & Contact No.	Photo	
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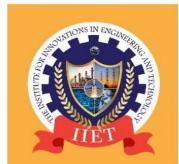








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# RECOMMENDATION LETTER FROM HEAD OF THE DEPARMENT/ INSTITUTION TO ESTABLISH HET FACULTY CHAPTER

I hereby certify that the above is the list of faculty of	Institution/ University
to establish IIET FACULTY CHAPTER at our organization and the information given is correct	t as per the <mark>college records. In thi</mark> s regard, I am
assigning one faculty Coordinator to look after the faculty chapter activities. You may contact the Co	oordinator for <mark>further works to be d</mark> one in future.
His/ Her details are as follows:	3
Name of facu <mark>lty Coordinator</mark> : Des	signation:
IIET membe <mark>rship category</mark> & number: MEMBER (M <mark>I</mark> IET): SENIOR MEMBE <mark>R</mark> (SRM	MHET): F <mark>ELLOW (FHE</mark> T):
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