



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 INDIVIDUAL FACULTY MEMBERSHIPS (FACULTY CHAPTER)

Name of the College/Institution: _____ Department: _____

S.No	Member ship No. will be allotted by IIET	Name of Faculty As per SSC and Designation	Father's Name	Date of Birth (dd-mm-yyyy)	Qualification	Teaching Experience in Years	Residential Address E-mail Id & Contact No.	Photo
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RECOMMENDATION LETTER FROM HEAD OF THE DEPARTMENT/ INSTITUTION TO ESTABLISH IIET 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 as per the college records. In this regard, I am assigning one faculty Coordinator to look after the faculty 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: MEMBER (MIET): _____ SENIOR MEMBER (SRMIET): _____ FELLOW (FIIET): _____

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