**DATA SHEET FOR INDIVIDUAL FACULTY MEMBERSHIPS (FACULTY CHAPTER)**

**Name of the College/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **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 DEPARMENT/ 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 (MIIET): \_\_\_\_\_\_ SENIOR MEMBER (SRMIIET):\_\_\_\_\_\_** **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**