

**Knowledge
Management Centre-KMC**

MEMBERSHIP FORM



For Official Use Only

Membership No _____

Issue Date / /

Surname _____ First Name _____ Middle Name _____

Discipline _____

Present Address _____

Pin Code _____

Mobile _____ Fax _____ e-mail _____

Permanent Address _____

Pin Code _____

Telephone _____ Fax _____

Signature of Applicant _____

Recommended By (Name) Activity Chairperson / Coordinator / Head of Department / Project Head

Signature & Date _____

Remarks, if any _____

Approved / Not Approved