

INDIAN CRYOGENICS COUNCIL



Inter- University Accelerator Centre
Aruna Asaf Ali Marg, New Delhi- 110067
(Regd. Office : Jadavpur University, Calcutta-32)

Application form for LIFE / ANNUAL Membership

1. Name (In Block Letters) Last, First , Middle :	
2. Sex	Male/ Female
2. Institution	
3 Designation	
4. Date of Birth (yy: mm: dd)	
5. Academic Qualification	

B : Address

6. Address (Office)	7. Address (Residence)
State:	State:
Pin code :	Pin code:
Telephone No :	Telephone no :
Fax NO ;	Fax no :
Mobile No :	
Email :	Email :
8. Preferred address for communication :	Office/ Residence

9. Professional Experience (If required, separate sheet may be attached)

Employer	Year	Position/ Designation

Contact Details : Telephone : 0091- 11- 26893955 / 26892601 , Fax : 0091-11-26893666
Email : tsdatta@iuac.res.in, rakeshbhandari807@gmail.com, tsdatta59@gmail.com

10. Specialization : (Low Temp Physics, Cryogenic Technology, Large Scale Cryo project, Cryo facility, Industrial gases, Cryo Instrumentation, Cryo biology/ Cryo Medicine/ Cryo Preservation,)

11. Brief Description on Specialization : (Separate sheet may be attached)

12. Name of two referees from the field of Low temperature physics/ Cryogenics

i)

ii)

13. Payment Details : (Life Membership : Total Rs 1100/- , Annual Membership : Rs 200/-). Out of this Rs 100/- is for Admission fee. Payment may be made in Cash/ Draft /Cheque in favour of " Indian Cryogenics Council, Delhi. Rs 100/- extra for outstation cheques)

<i>Payment Mode</i>	<i>Cheque / DD no</i>	<i>Date</i>	<i>Bank</i>	<i>Branch</i>	<i>Amount</i>
Cash/ DD / Cheque					

Date :

Signature :

14. Recommendation By ICC

<i>Application Received</i>	<i>EC Decision</i>	<i>Membership No alloted</i>	<i>Signature (Secretary)</i>	<i>Signature (President)</i>