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| **A circular logo with text and a round design  Description automatically generated with medium confidence** | **MEMBERSHIP APPLICATION FORM**  **THE ELECTROCHEMICAL SOCIETY OF INDIA**  Indian Institute of Science Campus, Bangalore-560 012  Tel : 08022932613 E-mail: ecsiiisc@gmail.com | |
| |  |  |  |  | | --- | --- | --- | --- | | Name |  | | | | Company/Organization |  | | | |  | | | | Business Address |  | | | |  | | | |  | | | | PINCODE: | | | | Telephone |  | FAX |  | | | Attach a most recent passport size photograph 25x40mm or smaller (Colour Preferred) |
| |  |  |  |  | | --- | --- | --- | --- | | Home Address |  | | | |  | | | |  | | | | PINCODE: | | | | Telephone |  | FAX |  | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Send Email To | Business Address | | | | Home Address | | | | | | DOB | ­\_\_\_\_(DD)/\_\_\_\_(MM)\_\_\_\_\_\_(YEAR) | | | | | | | | | | Place of Birth |  | | | | | | | | | | Membership Type | Fellow | | Student | | | Transfer | | Patron | | | Member | | Fresh | | | Life Member | | Life Fellow | | | Donor | | | | | | | | | | Primary Fields of Interest  (Write any six fields in order of preference)  *(See Notes Below)* |  |  | |  | |  |  | |  | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Areas of Interest | 01: Electrode Kinetics | 02: Corrosion and Protection | 03: Electrode Plating | | 04: Electro-forming/milling/machinery | 05: Metal Finishing | 06: Anodizing/Colouring | | 07: Surface Conversion Coatings | 08: Batteries/Fuel Cells | 09: Environmental Pollution | | 10: Pollution control | 11: Effluents and Treatment | 12: Electrode Materials | | 13: Electrical Furnaces | 14: Oxidation Kinetics | 15: Bioelectrochem/Engg | | 16: Electronics | 17: Energy Management and Audit | 18: Metal Extraction | | 19: Computer Application in Electrochemistry | 20: Electrochemical Science | 21: Electrochemical Technology | | Type of Work | Production | Teaching | Consultancy | | R&D | Manager/Purchase/Sales | Others | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | EDUCATION | | | | | | | Name of College/University | Date Attended | | Degree | Date | Subject | | From | To | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Experience (List in Chronological order your employment data. Include Nature of duties, responsibilities in Electrochemistry/Electrochemical Engineering) | | | | | Place | Date Attended | | Responsibilities | | From | To | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | | --- | | **Bank payment details**  **Account Number: 0683101001616.**  **Name and Branch of the Bank: Canara Bank, IISc Branch.**  **IFSC Code: CNRB0000683.** |  |  | | --- | | I agree, if elected, to accept election and abide by the constitution and Bylaws of the Society.  A DD/NEFT for the **amount Rs 6500/-** USD $ 300/-**.** UTR No….…...……... Dated ….……………. on Bank………….………is enclosed.  Place ………………………… Date……………………… Signature……………………………… | | | |
| |  |  |  | | --- | --- | --- | | **ENDORSEMENT TO THE APPLICANT**  This application must be endorsed by two full members/ fellows (one enough for student member) of the society or by some familiar with your qualification and work. If you are unable to secure the signature, list the name of the member you know. The society will obtain signature for you | | | | Endorser 1 | Name |  | | Position |  | | Address |  | | Date |  | | Signature |  |  |  |  |  | | --- | --- | --- | | Endorser 2 | Name |  | | Position |  | | Address |  | | Date |  | | Signature |  |  |  |  | | --- | --- | | Area in which consultancy can be given |  | | Area in which short term course/workshop can be organized |  | | Membership in editorial boards/ editorship of journals, proceedings etc |  | | Membership of other professional societies with date of election & grade |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **FOR OFFICE USE ONLY** | | | | | | | | | Date of Application | |  | | Form Received | |  | | | Date of Council Meeting | |  | | Approved | | YES | NO | | Secretary |  | | President | |  | | | | | |