INDIAN INSTITUTE OF PUBLIC ADMINISTRATION
I.P. ESTATE, RING ROAD, NEW DELHI-110002

FORM FOR OBTAINING PARTICULARS OF IIPA MEMBERS

(To be filled by the member in his/her own hand in capital letters)

Stamp Size Colour Photograph

(1) Name _____

(2) Membership No. _____

(3) Father's/Spouse's Name _____

(4) Regional/Local Branch to which attached _____

(5) Sex Male/Female

(6) Date of Birth _____

(7) Academic/Professional qualifications _____

(8) Occupation and Present or last position held _____

(9) Address for communication _____

_____

_____

_____

(10) Telephone No. (Office) _____

(Res.) _____

(11) Fax No. _____

(12) E-mail address _____

Station _____

Date _____ Signature of Member

Specimen Signatures 1)

2)

Space for recording subsequent change of address:

(i)

(ii)

Note: Please remit Rs.70/- by way of a Demand Draft in favour of I.I.P.A. payable at New Delhi along with this proforma for preparing Life membership identity card.