



# JP JACOBS INTERNATIONAL RESEARCH FOUNDATION MEMBERSHIP FORM

# M

Section – 8 incorporation act, Government of India  
Kerala, India

## Application Form for Member

The fields marked ‘\*’ are mandatory.

### 1.0 Personal Information\*

Use all Capital Letters within the box without touching the boundaries. Leave one box blank after completing each word.

Name\*

[As per BE/B.Tech/MTech/ ME / Equivalent Certificate. If the name differs from the Certificate,]

Father's/  
Husband's Name\*

Date of Birth\* (dd/mm/yyyy)

Aadhar Number

Address for Correspondence (Address to be recorded in the roll)

Permanent Address.


Pin Code 



 State

Pin Code 



 State

Country

Country

Tel

Tel

Mobile\*

Mobile\*

E-mail\*

E-mail\*

Whether Enclosed  
Documentary Proof  
Yes  No

### 2.0 Educational Qualification\*

Name of Examinations Passed (BE/B.Tech/ M.Tech or Equivalent, PhD - Engineering )	Year of Passing	Branch of Engineering (e.g. Civil, Electrical, Mechanical Computer, etc.)	Examining Authority (University etc.)	Full Name & Address of Institute/ College	Mode of Qualification (Regular/Distance) Part-Time

### 3.0 Present Position (Retired persons should mention last held position) \*

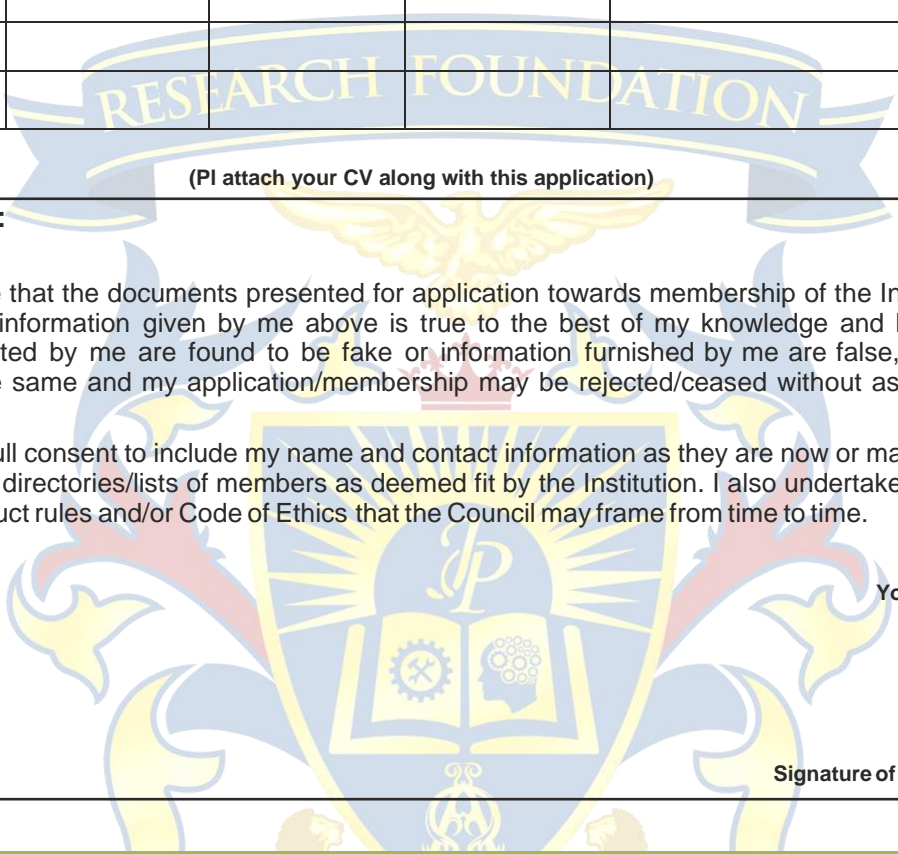
Present/Past Designation	Date of holding the Position	Place of Posting	Name & Address of the Employer

Whether Enclosed  
Documentary Proof  
Yes  No

**4.0 Chronological Engineering Career (from the year of passing of BE/B.Tech/ME /MTech Equivalent)\***

Exact Designation	From (Date)	To (Date)	Place of Posting	Full Name and Address of the Employer

Please fill-up the post qualification experience or your latest CV



(PI attach your CV along with this application)

**5.0 Declaration\*:**

I, solemnly declare that the documents presented for application towards membership of the Institution are authentic and the information given by me above is true to the best of my knowledge and belief. If the information submitted by me are found to be fake or information furnished by me are false, I am solely responsible for the same and my application/membership may be rejected/ceased without assigning any reason.

I hereby give my full consent to include my name and contact information as they are now or may be altered hereafter in all the directories/lists of members as deemed fit by the Institution. I also undertake to abide by Professional Conduct rules and/or Code of Ethics that the Council may frame from time to time.

Yours Faithfully,

Date:

Signature of the Applicant

**FOR OFFICE USE ONLY**

<b>Recommended / Not.</b>		Date of Approval: _____
<b>Recommended</b>		
<b>Remarks (if any):</b>		

\_\_\_\_\_  
[Secretary & Director General]

