Membership/Renewal Form

1. Name: Signature:

   Address:

   Email: Fax:

2. Highest Degree Obtained:

3. Research Interests:

4. Positions held and Current Position:

5. Responsibilities in the Current Position:

   Education ☐   *Research* ☐   *Managerial* ☐

6. Proposer:[a]

   Name:

   Signature with Date:

7. Details of the enclosed draft:

   Number: *Date:*   *Amount:*

   Name of the Bank:

   Drawn on (branch):

Please send the completed form and the draft/cheque for the appropriate amount to:

   Mr. Chandrakant Sadashiv Talekar
   Senior Project Assistant, C.F.D.V.S.
   Department of Computer Science and Engineering
   Indian Institute of Technology Bombay
   Powai, Mumbai 400 076
   e-mail: chandu@iitb.ac.in

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[a]Not required for graduates in Computer Science and faculty members.