INDIAN CRYOGENICS COUNCIL



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

Application form for LIFE Membership

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

7: Address

Address (Office)	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 Ex	perience (If rea	uired, sei	parate shee	t mav l	be attached)
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Employer	Year	Position/ Designation

Contact Details: Telephone: +91 11 26893955/26892601 Email: kar.soumen@gmail.com, tsdatta59@gmail.com, tsdatta@iuac.res.in

- **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/-). Payment may be made in Cash/NEFT/ Draft /Cheque in favour of "Indian Cryogenics Council- Delhi."

Payment Mode	Cheque /DD no	Date	Bank	Branch	Amount
Cash/NEFT/ DD /Cheque					

Bank Account Details for NEFT bank transfer:

Account Name	Indian Cryogenics Council Delhi	
Account No.	10596550960	
IFSC Code	SBIN0001624	
Bank Name (in full)	State Bank of India	
Branch Name	Jawaharlal Nehru University, New Mehrauli	
	Road, New Delhi-110067	
Complete branch address	Jawaharlal Nehru University, New Mehrauli	
	Road, New Delhi-110067	
MICR No.	110002056	

Date: Signature:

14. Recommendation By ICC

Application	EC Decision	Membership No	Signature	Signature
Received		alloted	(Secretary)	(President)

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