



LENSFED

Licenced Engineers & Supervisors Federation

Kerala State Committee

Reg. No.: 09-5/98, Lensfed Bhavan, Lenin Nagar, Bakery Jn., Thiruvananthapuram, Ph: 04712335688

ASSOCIATE MEMBERSHIP REGISTRATION FORM

Date :

Year in which License obtained :

District :

Taluk/Area* :

Unit* :

Name in Block Letters* :

Residential Address* :

Pin* :

Land Phone – Res* :

Official Address/Address for Communication* :

Pin* :

Land Phone* :

Mobile Phone* :1.

2.

E-mail* :1.

2.

Date of Birth* :

Age :

Blood Group :

Sex : Male/Female

Photo

Academic Qualification* :1.
2.
Technical Qualification* :1.
2.
Year of Passing :
Name of firm/firms you practice with :1.
2.
Period of Practice :1.to
2.to
Whether applied for licence : Yes / No
If yes, which RJD with date :
Membership in other organizations :
Marital Status* :
Other Professional Activities/Business :
Hobby :

DECLARATION

I, hereby declare that the particulars furnished above are true and correct.

Yours faithfully,

Place:

Date:

Name & Signature

Note: (1) *Mandatory Field

(2) Attach copy of Certificates (Academic & Technical)