

IIPA Alumni Association
Indian Institute of Public Administration
Indraprastha Estate, Ring Road,
New Delhi-110002



APPLICATION FORM FOR MEMBERSHIP

1. Name (Dr./Mr./Mrs./Ms.).....
2. (a) Age.....(b) Date of birth.....
3. Nationality: Indian/Others (Specify).....
4. (i) Present Position (Central Govt./State Govt./Statutory Organisation/Other Organisations/Retired).....

(ii) Official Address.....
.....
.....State.....Pin.....Tel.....
Fax.....e-mail.....

(iii) Residential Address.....
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.....State.....Pin.....Tel.....
Fax.....e-mail.....
5. Academic Qualifications:
(Graduate/Post Graduate/Ph.D./Professional/Others (Please specify))
6. Details of the IIPA programmes attended (6 months or more) or the period of the programme to be indicated
7. Details of the Degree or Diploma obtained

I have read the Memorandum of Association and Rules & Regulations of the Association and agree to abide by them.

Dated Signature of Applicant

For Office Use: APPLICATION REGISTRATION NUMBER

1. Date of Receipt of Application
2. Membership Number, (If Admitted)
3. Details of the Fee paid for enrollment