

## THE INSTITUTE OF INDIAN FOUNDRYMEN

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## IIF- MEMBERSHIP DATA UPDATE FORM



Membership No:		
Type (Please put 'X') :	Life Affiliate Institutional	Industry Individual Student
Name		
Company's Name (if appl.)		
D.O.B. (DD/MM/YY)		of Establishment in   of Industry Members
Address		
Tel No.(with STD Code)		
Mobile No.		
Email ID		
Website (if any)		
Please fill the details below only in case of Industry Member		
*Name of First Representative  Mobile No.		
*Name of Second Representative Mobile No.		
Area of Business (Please put ( )	Casting Manufacturers	Foundry Equipment Manufacturers
	Pattern/ Die Makers	Foundry Material Manufacturers
	Foundry Consultants	Others, Please specify:
Date:		Name:
Date.		
		Designation:

<sup>\*</sup>Please use separate sheet for more than 2 representatives upto maximum of 12 as per category of Industry Member