

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

INSTITUTE CLUB

Membership Form

(Please submit this form to "In-charge Community Centre" in Estate Office or mail at ccic@iitk.ac.in)

Name..... Designation..... P.F. No.....

Department/Section Mobile: Phone (Office).....

Membership Type: (Please select any one)	
Individual	Family*

*In case of Family membership, give details:

S. No.	Name of family members [#]	Relation with the employee
1.		
2.		
3.		
4.		
5.		
6.		
7.		

- # 1. In case of regular employees, Family refers to dependant of employees as per Institute records.
- 2. In case of project employees/ students, dependents will include ONLY employee's / student's parents, spouse and children.

(FOR VERIFICATION BY ADMINISTRATIVE OFFICE in case of family membership of regular employee)

The person named in the above table is a dependent member of the family of the applicant as per the Institute record.

Date:

Signature & Seal of Verifying Officer

DECLARATION

I abide by the rules and norms of the Institute Club.

Date:

Signature of Employee

To,

Deputy Registrar (F&A)

I agree for deduction of ₹..... per month from my salary towards membership contribution for Institute Club, IIT Kanpur from the month of.....Year.....

S. No.	Membership Category	Monthly Fee
1	B and C category employees including project employees, students (Family)	250
2	B and C category employees including project employees, students (Individual)	150
3	Group A and above (Family)	300
4	Group A and above (Individual)	200

Name..... Designation..... P.F. No.....

Department/Section Mobile: Phone (Office).....

Date:

Signature of Employee

Forwarded by:

(In-charge, Community Centre-II)