



Staff Welfare Association IIT Indore

"सर्वेषाम् स्वस्तिर्भवतु"

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SWA Membership Form

Name in Full:.....
Designation:
Employee ID No. :..... IITI E-mail:.....
Department/Section:.....
Date of Appointment at IIT Indore:
Correspondence Address:.....
.....
.....
Office Contact number:..... Cell Phone:.....

Please enroll me as a member of the Staff Welfare Association, Indian Institute of Technology Indore. I shall abide by the rules and regulations of the Association and also by the amendments from time to time. I hereby authorize the Association to deduct membership subscription fees of Rs. 100/- per month and any other dues as decided by the General Body of the Association from my salary account.

Date:

Signature of Applicant

FOR OFFICE USE ONLY

Membership No.:

(Convener, SWA)