



Antenna Test and Measurement Society (ATMS)

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BIODATA

Membership Applied for _____

Name Mr./Ms./Dr./Prof./Rank/ _____
 (in capitals) (Defence) (Surname) (First) (Middle)

Father's/Husband's Name _____

Date of Birth Nationality _____
 (Date) (Month) (Year)

Mailing Address _____

PIN CODE

Ph: (Off.) _____ (Res.) _____ (Fax) _____

Email: _____

QUALIFICATIONS	Degree / Diploma	Name of College / Institution	Year of Passing	Initials of Proposer
	ACADEMIC			
ENGINEERING				

PROFESSIONAL EXPERIENCE	Designation / Rank*	Organization	Period	Initials of Proposer
			From To	
	Membership of other institutions and Awards:			
1.				
2.				
3.				
4.				
5.				
6.				

Note: Each entry of the application including the professional experience should be initialed by one of the proposers. after due verification. Certificates attached should be attested.

* For Defense officers only

