

**MEMBERSHIP FORM  
ALUMNI ASSOCIATION  
INSTITUTE OF PHYSICS  
BHUBANESWAR 751005**

**NAME: Mr./Ms.....**

**ADDRESS: Present.....**

**Permanent.....**

**YEAR OF JOINING IOP AS A PRE-DOCTORAL/DOCTORAL/POST-DOCTORAL  
SCHOLAR/TEACHER FELLOW/FACULTY MEMBER.....**

**YEAR OF LEAVING.....**

**PRESENT OCCUPATION.....**

**FIELD OF RESEARCH.....**

**CURRENT INTEREST.....**

**PLACE.....**

**DATE.....**

**SIGNATURE**

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**OFFICIAL USE ONLY**

**RECEIVED FROM Mr./Ms.....Rs.....  
IN FORM OF CASH TOWARDS THE LIFE MEMBERSHIP FEE.**

**SECRETARY**