



Society for Failure Analysis

Application Form

Society for Failure Analysis
C/O Centre for Military
Airworthiness & certification, RCMA
(Materials) Hyderabad 550 058

Phone: 040-24340750; 24348377;
 Fax : 040-24341827
 E-mail: rdcma.mat@cemilac.drdo.in

Affix your
 passport size
 photo

Please applicable Student member Life Member

1. Name in Block Letters

First **Middle** **Last**

2. Date of birth Gender: M / F

3. Father's Name/ Husband's Name

4. Present Occupation /Designation and office address: **Phone:**
Mobile:
Fax:
Email:

5. Academic & Professional Qualifications:

6. Home address: **Phone:**
Mobile:
Fax:
E-mail

6. Address for correspondence: office Home

7. Professional Experience:

8. Endorsement by SFA Member

Name	Membership No.	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Primary Field of Interest: (please mark 1,2,3 in the in order of preference)

Strategic <input type="checkbox"/>	Power <input type="checkbox"/>	Foundry <input type="checkbox"/>	Welding <input type="checkbox"/>	Heavy industry <input type="checkbox"/>	transport <input type="checkbox"/>
Design & Failures <input type="checkbox"/>	Quality control <input type="checkbox"/>	Petrochemical <input type="checkbox"/>	Consultancy / services <input type="checkbox"/>	Materials and manufacturing <input type="checkbox"/>	Education <input type="checkbox"/>

10. Name of the Chapter you intend to be attached
 (Please refer to Chapters' list available in newsletters in www.sfaindia.org)

11. Subscription details:

Payment should be made by cheque / DD favoring "Society for Failure Analysis", payable at Hyderabad. Outstation cheques not accepted. Payment can also be made by online NEFT transfer to the account of "Society for Failure Analysis", Account Number : 2049580082, Bank Name: Allahabad Bank, IFSC : ALLA0211473

Amount Rs. Cheque / D.D. /UTR No Dated

Bank Name Branch

Category	Amount Payable	
	One time Subscription	Total on joining
Student Member	Rs 200/-	Rs.200/-
Life Member	Rs 2000/-	Rs.2000/-

12 Declaration by the applicant

If elected, I agree to accept to pay the prescribed subscription, to abide by the Articles of Association of the Society and to promote its aims and objects.

Signature of the Applicant

13. Office Use Only					
Membership No.	<input type="text"/>	Date of Enrolment	<input type="text"/>	Chapter	<input type="text"/>
Amount Paid (Rs)	<input type="text"/>	Receipt No. / Date	<input type="text"/>		