



UMT

Professional Membership form

Name:		Department/School:	
Designation:		Email:	
Date of Joining:	Are you full time permanent team member?		Yes No
Name of organization(s) of which you are already a member: -----			
Name of organization for which you want to apply or renew membership: -----			
Start of Membership Period:		End of Membership Period:	
Membership Fee for the Stated Period:			
Name of Professional Body of which you have previously claimed membership fee from UMT:			
Date of Renewal:		Fee Paid:	
Purpose of membership	<input type="checkbox"/> Career Development	<input type="checkbox"/> Personal Development	
	<input type="checkbox"/> Institutional Development	<input type="checkbox"/> Any Other	
I) Explain, how this membership will benefit you and its relationship to your job? ----- ----- -----			
Employee Signature:			
Comment / by the CoD/HoD:			
Recommendation by Director/Dean:			
Rector's Approval if membership fee is more than Rs. 25,000:			
Note: All regular employees having minimum two years of service with UMT are eligible for professional body membership relevant to their field of work			

Acting Head OHCM

Rector UMT