





Name of the College/Institution _____					IETE Centre affiliated to _____							
S.N.	Membership N. (will be allotted By IETE HQ)	Name of Student	College Name	City	Father's Name	Date of Birth (dd-mm-yyyy)	Residential Address	E-mail Id	Contact No.	Study Year	Course & Branch / Stream	Photo
1		CHERRY JAIN			MR. RAVINDRA KUMAR JAIN	05-08-1994	B-251, LOD MINAL RESIDENCY, JK ROAD, BHOPAL, MP	cherryjain08051994@gmail.com	9926296640	II	BE(EE)	
2		MARIYA ZEDI			MR. AKHTAR ZEDI	06-02-1992	54/4, AKHTARM ANZIL NADEEM ROAD, BHOPAL, MP	mariee.khan@gmail.com	7489238281	II	BE(EE)	
3		NAMRAH KHANAM			MR. KHWAJA MOHD. YAQOOB	24-05-1993	H.NO-18, STREET NO-1, RAITGHAT, BHOPAL, MP	nikskhanam63@gmail.com	8251881315	II	BE(EE)	
4		PRATIBHA KUMARI			MR. PREMLAL SINGH	16-09-1993	SIRTS GIRLS HOSTEL, AYODHYA BY PASS ROAD, BHOPAL, MP	pratibhakumari0501@gmail.com	7415175829	II	BE(EE)	

I here certify that the above is the list of bonafide students of _____ College/Institution and the information given is correct as per the college records.

Name of Co-ordinator : _____ Designation : _____

IETE membership category & number (if any) : _____ Mobile Phone number : _____

Email Id : _____ Date : _____

Details of Payment

Amount (Rs) : _____

DD number / NEFT Transfer (Transaction Ref. N.) : _____ Date of Payment : _____