



# Nano Science and Technology Consortium

Consulting . Research . Outsourcing . Technology

A Nanotechnology platform

## INSTITUTIONAL

# APPLICATION FORM

## membership

(Please fill in block letters)

Use separate sheet for more information

1. Name of the Institution/Organisation \_\_\_\_\_

2. Name of the Director \_\_\_\_\_

3. Representative name (for liaison with NSTC) \_\_\_\_\_

4. Representative designation \_\_\_\_\_

4. Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Pin/ Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

5. Department   Automobile Engineering  Chemical Engineering  Aeronautics & Space Science  
 Electronic Engineering  Mechanical Engineering  IT & Telecommunications  
 Textile Engineering  Pharma & Medicine  Any Other

6. Institution Status   Central Govt.  State Govt.  Autonomous body  
 Private  Any Other

7. Name of the Foreign Partner \_\_\_\_\_

8. Details about your Institution/ Organisation\*\* : \_\_\_\_\_

\_\_\_\_\_

9. Specific information about the role of your Institution in the field of Nanotechnology \*\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Name and work of the key personnel involved in the area(s) of Nanotechnology\*\*:

Name: _____	Name: _____	Name: _____
Designation: _____	Designation: _____	Designation: _____
Area of work: _____	Area of work: _____	Area of work: _____
Contact Info: _____	Contact Info: _____	Contact Info: _____

11. Major activities of your Institution\*\* : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. How does your Institution expect to benefit from NSTC membership\*\* ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Any other details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Area(s) of interest for working with NSTC

- |                                      |                                               |                                       |
|--------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Consultancy | <input type="checkbox"/> Seminars             | <input type="checkbox"/> Publications |
| <input type="checkbox"/> R & D       | <input type="checkbox"/> Education & Training | <input type="checkbox"/> Liaison      |

*Please put the seal of your institution here*



I confirm that my organization's/Institution's competent authority has given me the authority to sign and forward this application of membership. I hereby, agree to the terms & conditions (<http://nstc.in/TermsCondition.aspx>) of the NSTC membership.

Signature : \_\_\_\_\_ Name : \_\_\_\_\_  
Date : \_\_\_\_\_ Designation : \_\_\_\_\_

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**FOR NSTC OFFICE USE ONLY**

Membership Period \_\_\_\_\_  
Type of Membership \_\_\_\_\_  
Comments \_\_\_\_\_

\*\* (Attach separate sheet, if necessary)

Send to:

**Nano Science and Technology Consortium**

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