

**INNOVATION FACILITY CENTRE
Mizoram Science, Technology & Innovation Council**

Format for
MEMBERSHIP APPLICATION FORM

Recent
passport
Photo

1. Name : _____
2. Father's Name : _____
3. Age : _____
4. Male/Female : _____
5. Full Address for
Communication : _____

6. Mobile No : _____
7. Email : _____
8. Educational
Qualification : _____
9. List of Innovations developed so far

Sl No	Name of Innovation	Purpose of Innovation	Year of Innovation	Recognition/Award (if any)

10. Type of membership applied for (tick) :
Bronze Silver Gold
Bronze+ Silver+ Gold+
11. Whether new or renewal (tick) : New Renewal

I certify that the information I provided is true to the best of my knowledge. I read and agree all the guidelines, rules and regulations laid down by IFC and I will strictly abide by them.

Date :
Place:

Signature
(Name of Innovator)