

# INDIAN STRUCTURAL HEALTH MONITORING SOCIETY



## Application Form for Membership of ISHMS

*Affix a recent passport size Photograph*

1. Name in full (in blockletters):

Prof./ Dr/ Er/ Mr./ Mrs./ Ms.: \_\_\_\_\_

2. Present Affiliation: \_\_\_\_\_

3. Address:

(i) Present (For Communication): \_\_\_\_\_

\_\_\_\_\_

(ii) Permanent: \_\_\_\_\_

\_\_\_\_\_

(iii) Email: \_\_\_\_\_(iv) Phone/Mobile: \_\_\_\_\_

(v) Alternate Email id (if any) \_\_\_\_\_

4. Particulars of date of birth and nationality

(i) Date of Birth (DD-MM-YYYY): \_\_\_\_\_ (ii) Nationality: \_\_\_\_\_

5. Other Particulars (Please Tick):

Gender:  Male  Female  Other

Marital Status:  Single  Married

6. Family information (optional)

(i) Father: \_\_\_\_\_ (ii) Mother: \_\_\_\_\_

(iii) Spouse: \_\_\_\_\_ (iv) Spouse's occupation: \_\_\_\_\_

**7. Type of Membership Desired (Please see Note 1 for eligibility):**

- Fellow     
  Member     
  Associate Member     
  Student Member

In case of Fellow/ Member, desired membership duration:

- 5 years     
  10 years     
  Life

**8. Names of two referees/ supporters from ISHMS (Please see Note 1)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**9. Particulars of Qualification (in reverse chronological order)**

| Degree Pursuing/Passed | Discipline | Grades/ Division/ CGPA | From (month, year) | To (month, year) | University/ Institute |
|------------------------|------------|------------------------|--------------------|------------------|-----------------------|
|                        |            |                        |                    |                  |                       |

**10. Professional Experience (in reverse chronological order)**

| Organization | Designation | From.....To (month/year) | Duration (Year & months) | Nature of duties/ Area of specialization | Whether relevant to SHM? If yes, please attach one page write up with details |
|--------------|-------------|--------------------------|--------------------------|--|---|
|              |             |                          |                          |  |   |

Total Experience (Years and months) \_\_\_\_\_

Experience in SHM and related domains (Years and months) \_\_\_\_\_

**11. Any other relevant Information**

Attach brief CV covering details of publications, achievements, awards, training, **relevance of experience to SHM** etc.,

**12. Fee Payment Details (Please see Note 2)**

(i) Basic fee: \_\_\_\_\_ (ii) GST (@18%): \_\_\_\_\_

(iii) Total amount payable: \_\_\_\_\_

(iv) Transaction details (in case of online payment) \_\_\_\_\_

Cheque no, bank and date (in case of cheque payment) \_\_\_\_\_

13. I hereby declare that all particulars entered in this form are correct and true to the best of my knowledge and belief, and nothing has been concealed therein. I fully understand that hiding/ providing wrong information can result in the termination of my membership. Original degrees, certificates, and other documents shall be produced if needed. I have carefully read and understood the rules and regulations of the Society and shall abide by the same. I also undertake to follow the code of ethics expected from a professional engineer and follow my responsibilities as Fellow/ Member of the Society . I understand that award of a particular type of membership is subject to the scrutiny/ interview and subsequent approval by the Governing Council.

PLACE: \_\_\_\_\_

DATE : \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**FOR INTERNAL USE**

Checked by:

Referees' support confirmed:

Remarks:

Approved/ Not approved by GC:

Membership number assigned:

**President/ Vice-President**

# IMPORTANT NOTES

## 1. ELIGIBILITY CRITERIA FOR VARIOUS GRADES OF MEMBERSHIP (PLEASE SEE RULES AND REGULATIONS FOR FULL DETAILS):

| Types of Members | Eligibility/Age   | Referees/ Supporters         |
|------------------|---|------------------------------|
| Fellow           | PhD, 10 years experience (05 years in SHM), Minimum age: 35 years                   | 02 Fellows of ISHMS          |
| Member           | B. Tech or equivalent, 03 years experience (01 years in SHM), Minimum age: 25 years | 01 Fellow of ISHMS           |
| Associate Member | B. Tech. or equivalent, Minimum age: 22 years                                       | 01 Member of ISHMS           |
| Student Member   | Engineering student, Minimum age: 18 years  | Bonafide student certificate |

## 2. FEE DETAILS:

1. Admission/ processing fee waived for applications filed before 31 Dec 2023.
2. Fee paid shall be considered applicable from 01 Jan 2024. Membership from date of enrollment to 31 Dec 2023 shall be free.
3. The Fee structure below is inaugural offer valid for 2023 only. Fee structure may change subject to discretion of the Governing Council.

| Types of Members | Fee details   |
|------------------|---|
| Fellow           | <ul style="list-style-type: none"> <li>• INR 3000 for five years, INR 5000 for ten years, INR 7500 for lifetime (GST: INR 540, INR 900, INR 1350 respectively shall be additional)</li> </ul>   |
| Member           | <ul style="list-style-type: none"> <li>• INR 2000 for five years, INR 3000 for ten years, INR 5000 for lifetime (GST: INR 360, INR 540, INR 900 respectively shall be additional)</li> </ul>  |
| Associate Member | <ul style="list-style-type: none"> <li>• Rs 1000 for three years or till attaining eligibility as Member, whichever is earlier (GST: INR 180 shall be additional).</li> <li>• Associate members having three year experience but lacking one year experience in SHM have option to pay the Member fee (2000/3000/5000 for 3 years/5 years /lifetime also in advance at the time of applying as Associate Member)</li> </ul> |
| Student Member   | <ul style="list-style-type: none"> <li>• INR 500 for all category of students for five years or till graduation whichever is earlier (GST: INR 90 shall be additional).</li> </ul>  |

**NOTE:** Applicants must pay the basic fee + GST @ 18% (as indicated above). Fee to be transferred directly to Society's bank account (see details below) or paid by account payee cheque.

**Account Name** : INDIAN STRUCTURAL HEALTH MONITORING SOCIETY  
**Account no.** : 1101 2307 0594  
**Bank** : Canara Bank, IIT Campus Branch  
**IFSC code** : CNRB0008599



### **3. RESPONSIBILITIES OF FELLOWS/ MEMBERS/ ASSOCIATE MEMBERS/ STUDENT MEMBERS**

1. Promote the cause of the Society.
2. Actively provide the necessary information to the Society pertaining to aims and objects of the Society.
3. Aid the Society in organizing conferences, seminars, continuing education programs etc.
4. Provide update on any special/ distinguished SHM related activity undertaken by them or any distinguished award received by Fellow/ Member.
5. Keep updated on the latest advancements in the profession.
6. Attend/organize conferences/technical lectures discussions.
7. Do not indulge in activities which are prejudicial to the Aims and Objectives, Rules and Regulations and/or Code of Ethics.

### **4. BENEFITS TO MEMBERS**

1. Membership certificate.
2. Members can use designatory address (e.g. MISHMS) besides their names.
3. Publication of name and designation in Society's website.
4. 50% discount in fee for all workshops and conferences organized by the Society. The discount may change subject to the discretion of the Governing Council
5. Communication of newsletters and other important professional information.
6. Free attendance in monthly technical lectures.
7. Access to latest research and industry trends.
8. Networking opportunities with professionals in the field.
9. Opportunity to contribute to skilled and knowledge workforce in the field.

### **5. SUPPORTING DOCUMENTS:**

1. Self attested copy of Aadhaar (Indian nationals), PIO card/ passport (foreign nationals)
2. Self attested copy Identity card of present institute/ organization.
3. Bonafide certificate for students.

### **6. FORMAT FOR BONAFIDE CERTIFICATE:**

"This is to certify that Mr./ Ms ..... Roll no.....is currently enrolled for .....degree at .....Department in .....(University/ Institute) on full-time/ part time basis and bears a good character. His/ her expected year of graduation is....."

#### **Signature, Name, Designation and Date**

Bonafide certificate may be issued by Head of Concerned Department or any Full Professor of the Department.

### **7. CONTACT:**

**Office:** D-108 Jeevan Niketan (LIC Colony), Paschim Vihar (West Delhi District) Delhi  
110087

**Email:** [ishmsociety@gmail.com](mailto:ishmsociety@gmail.com)

**Web:** <https://www.ishms.org.in>