



INDIAN
INSTITUTE
OF INTERIOR
DESIGNERS

Indian Institute of Interior designers, 109- Sumer Kendra, Pandurang Budh Marg,
Worli, Mumbai 400018. Tel: 022 4603 4395
Email iiidhomumbai@gmail.com, Web: www.iiid.in

FOR OFFICE USE

APPROVED
NOT APPROVED

MEMBERSHIP NO.

Institutional Membership Form *all fields are mandatory

Full name of Institute: _____

Short/Popular Name: _____

Address: _____

City: _____ State: _____ Pin:

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Phone 1: _____ Phone 2: _____

Phone 3: _____ Fax: _____

Email 1: _____

Email 2: _____

Web Page: _____

Year of Establishment:

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Affiliated to Indian university / Technical Board:

Yes	No
-----	----

International University:

Yes	No
-----	----

Name, If YES: _____

Registration Details: _____

Promoters: _____

Self-Financed:

Yes	No
-----	----

Receiving any Govt. Grant:

Yes	No
-----	----

Any other branches in India:

Yes	No
-----	----

If YES, Which cities:

1 _____

2 _____

3 _____

4 _____

5 _____

Any other branches abroad:

Yes	No
-----	----

If YES, Which cities / countries:

1 _____

2 _____

3 _____

4 _____

5 _____



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Courses offered in Interior design / Furniture Design:

<i>Name</i>	<i>Duration</i>
Course 1: _____	<input type="text"/> Semesters <input type="text"/> Years
Course 2: _____	<input type="text"/> Semesters <input type="text"/> Years
Course 3: _____	<input type="text"/> Semesters <input type="text"/> Years
Course 4: _____	<input type="text"/> Semesters <input type="text"/> Years
Course 5: _____	<input type="text"/> Semesters <input type="text"/> Years

Faculty Details:

1 Name of Dean / Head: _____ Age Years

Qualification: _____

Teaching Experience: _____ Years Email: _____

Total number of Permanent Faculty Members: _____

Total number of Visiting Faculty Members: _____

Total number of Advisory Board Members: _____

Dean/HOD Signature with stamp

Please enclose Institute Brochure, Syllabus, Visiting Card etc.

Permanent faculty	Visiting faculty	Advisory Board
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____
4 _____	4 _____	4 _____
5 _____	5 _____	5 _____
6 _____	6 _____	6 _____
7 _____	7 _____	7 _____
8 _____	8 _____	8 _____
9 _____	9 _____	9 _____
10 _____	10 _____	10 _____

RECOMMENDED BY: _____ **IIID CHAPTER/CENTER** **DATE:** _____

CHAIRPERSON NAME: _____

SIGN: _____

Attach Managing Commi. Resolution

Chapter / Centre Chairpersons (2023-25) & Local Addresses

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