



Product Lifecycle Management Simulation and Synthesis(PLMSS)  
CSIR-NAL Campus, Bangalore INDIA. Phone : 080-xxxxxxx Fax : 080-xxxxx Email :  
PLMSS@xxxx.org website : PLMSS-india.org

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Application Form for Trust /Executive/Individual / Life Membership

I, hereby, apply for new membership. On approval of Membership, I shall abide by the Constitution & Byelaws of the Trust and the Code of Ethics. Please send a good quality minimum 300 x 300 pixels / passport size photograph to PLMSS@xxxx-india.org to be used for making your PLMSS Membership Card along with a copy of Voter ID / Aadhar Card / PAN Card / Driving Licence for the proof of photo Id card containing Address & Date of birth I. Select the membership type

Trust       Executive       Individual.

Please paste  
recent  
passport size  
photograph  
here

II. PERSONAL INFORMATION: Please fill in your personal information so that we can serve you better Title of the applicant

Mr.  Miss  Mrs.  Dr.  Prof.   
First Name      Middle Name      Last Name

Name you would like to be printed on PLMSS ID card

Date of Birth

/  /

Gender

M  F

Primary Email ID.

Secondary Email ID



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Phone Number.

Highest Academic Qualification  Year of Passing

University/Institute

Total work Experience in years

Current Organisation & Designation

Mailing Address in BLOCK Letters

Address line 1

Address line 2

Address line 3

Pin-code

City

State

Country

(City, State and Country to be filled in only for International address)

Payment Details:

Please specify Mode of Payment: [Online Payment / Demand Draft]

\_\_\_\_\_ If payment made through Online Payment Gateway\*:

Transaction ID \_\_\_\_\_ Date of Transaction \_\_\_\_\_ for

..... (Rupees ) (\*Please email copy of Payment Response page along with  
Application Form) If payment made through Demand Draft DD / Cheque payable at par at  
Mumbai should be drawn in favour of "PLMSS TRUST"

Cheque  DD  Cash  (Please tick as applicable)

Amount Paid in Rs./\$

Cheque / DD No  Dated.



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Drawn on Bank Name

Branch Name

Please fill following details if it is direct deposit in Axis bank.

Date of Deposit

Mode of Deposit

**Bank Details**

A/c Name: PLMSS TRUST.

Bank Name: Axis Bank Ltd.

A/c type: Saving

A/c No: xxxxxxxxxxxx

IFSC code: xxxxxxxx Bank Address: xxxxxxxxxxxxxxxxxxxxxx

Attach photocopy of Pay-in-slip with application form and write your Name, Contact no. on the reverse side of the Cheque / DD / Pay-in- Slip.

**Code of Ethics-Undertaking:**

I affirm that as a PLMSS member, I shall abide by the Code of Ethics of the Product Lifecycle Management Simulation & Synthesis(PLMSS). I, further, undertake that I shall uphold the fair name of the Product Lifecycle Management Simulation & Synthesis by maintaining high standards of integrity and professionalism. I was not a member of PLMSS earlier. I am aware that my breach of the Code of Ethics may lead to disciplinary action against me under the Byelaws and rules of the PLMSS. I, hereby, confirm that I shall be bound by any decision taken by the PLMSS in such matters. ~~Further, I hereby convey my consent to receive the PLMSS publications in soft copy form and any other information about the activities of the society by email or by SMS on my Mobile number, from time to time, by the trust or the members of the trust.~~

Date: / /

Place: Signature : \_\_\_\_\_

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..... FOR OFFICE USE ONLY Application received date : \_\_\_\_\_

Received By : \_\_\_\_\_ Application processed by : \_\_\_\_\_

Membership No.

(Membership subscription fee details for the information of the applicant, not to be attached with the Application Form to be sent to PLMSS)

**Membership Subscription Fees:**

1. Individual Membership Fee: (The membership Period is on Rolling Year basis)



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Life Membership Fee (irrespective of the age of the applicant)

Within India: Rs. 10,000 + 18% GST = Rs. 11,800.00

Outside India: USD \$ 650

Note: Please attached below documents along with form.

1. Graduation Certificate
2. Highest Qualification Certificate