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|  | **The Biotech Research Society, India**  **c/o CSIR-National Institute for Interdisciplinary Science and Technology, Trivandrum-695 019, Kerala, India** |
| **INDIVIDUAL MEMBERSHIP APPLICATION FORM**  *The form must be filled by* ***TYPING and send as WORD DOC*** *by email to* [*brsi.india@gmail.com*](mailto:brsi.india@gmail.com)*;*  [*binodkannur@gmail.com*](mailto:%20binodkannur@gmail.com) *Dr P Binod, CSIR-National Institute for Interdisciplinary Science & Technology, Industrial Estate PO, Trivandrum-695 019, Kerala, India along with scanned copy of the bank transfer voucher/slip as the proof of payment made.*  *Please provide stamp size photo (for Life members only) as .jpg or word doc file*  **Membership type**: Life/Ordinary/Student\* (Please strike off non-applicable).  **Membership fee**: Life member- 5000, Ordinary member- 1200, \*Student member (only  graduate and post-graduate students)- 600.\*For student membership, a certificate of  current date from the Head of Department/Institute of student status required.  **Payment: Payment must be made only by bank transfer for which details are given below.**  Family name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title Prof. Dr. Mr. Ms.  Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address- Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel with code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(O)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M) Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of BRSI member who encouraged you to become member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(give here name of person, if any, who told to you about BRSI and suggested to join it).**  **Educational qualifications**  Degree Year University Subjects  MSc  M Tech  PhD **Professional experience** From To Organization  **Area of specialization:**  **Research/Teaching experience:** (in years only) Publications (please give numbers only): Books  Chapters in books  Review papers (in SCI journal only)  Original papers (in SCI journals only)  TOTAL *Awards/honours/distinctions* ***Payment details (mandatory to fill)- attach the scanned copy of bank transfer voucher/slip***  Name of bank ……………………………………………………………………………………………………………………………………………………………………………..  Amount paid………………………………………………Date………………………..Bank transaction/NEFT/Ref no……………………………………………...  Declaration: I certify that the above information is true and is furnished to become a member of the BRSI. I agree to abide by the rules and regulations of the Society.    Place & Date  Name  NB: Use additional sheets, if required. Xerox copies of this form can also be used. | |
| **PAYMENT**: Payment must be made by bank transfer only for which details are as below:   |  |  | | --- | --- | | Name of Bank Account holder: **BRSI**  **Purpose: Membership of BRSI** | | | Bank Name: **STATE BANK OF INDIA** |  | | Bank Branch: **INDUSTRIAL ESTATE, TRIVANDRUM**  Bank Address**: INDUSTRIAL ESTATE, PAPPANAMCODE, TRIVANDRUM-695 019, KERALA, INDIA** |  | | Bank City: **TRIVANDRUM** Bank Country: **INDIA**  IFS CODE: SBIN0070030 |  | | Bank Account number: **57020737083**  SWIFT code: SBININBBT10 |  | | |