|  |  |
| --- | --- |
|  | **The Biotech Research Society, India**  **c/o CSIR-National Institute for Interdisciplinary Science and Technology, Trivandrum-695 019, Kerala, India** |
| **MEMBERSHIP APPLICATION FORM**  *The form must be filled by PRINT only and send by email to* [*brsi.india@gmail.com*](mailto:brsi.india@gmail.com)*;* [*binodkannur@gmail.com*](mailto:binodkannur@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 scanned stamp size photo (for Life members only)*  **Membership type**: Life.  **Membership fee**: US$ 100.  **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Educational qualifications**  Degree Year University   **Professional experience** From To Organization PTOArea of specialization: Research/Teaching experience in years 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*   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  Signature  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 ESATTE, 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 |  | | |