



Membership Form



Name :

Qualification :

Job Designation:

Experience :

Year of Graduation : Post-Graduation :

Doctoral : Post-Doc :

Number of Publications : National International

Department / Specialization :

Affiliation (Name of the University) :

Working Address :

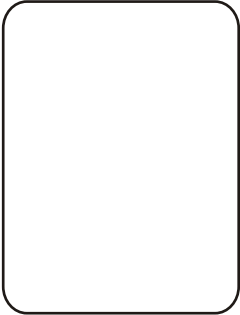
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Mailing Address :

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Mobile : E-Mail :

Area of Research :



Declaration

I here by declare that the above mentioned information is true and to the best of my knowledge.

Date :

Place:

(Signature of the Applicant)

Note:

Please provide the following details and send to editorgspublication@gmail.com

1. An updated detailed curriculum vitae (CV) with recent colored photograph
2. Fully filled and signed application form