**Membership form of IJSRG**

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* Date of Birth: ........................................................................................................................
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* Email: ....................................................................................................................................
* Qualification: ........................................................................................................................
* Specialization: ......................................................................................................................
* Profession with Address: ......................................................................................................

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* Teaching Experience (if any): ...............................................................................................
* Membership of other Bodies:................................................................................................
* Subject of Main Research:.....................................................................................................
* Research Experience:.............................................................................................................
* Topics of Research Interest: .................................................................................................
* Paper’s Published in (ISI) Impact Factor or any others:.......................................................
* Paper Presentation in Conferences/Seminars/Symposia:

National: ..............................................................................................................................

International: ........................................................................................................................

Has read and understand the rules and regulations of the membership of IJSRG and I accept to follow all conditions printed in this form.

Date.......... Sign of the Applicant………..……….

 Name of Applicant…………….……..