

SHODH ANUSANDHAN SAMACHAR

MEMBERSHIP FORM

For year:

The Managing Editor,

I like to be enrolled for a Annual Membership / Life Time Membership of the Shodh Anusandhan Samachar.

Name (In Block Letters) :

Qualification :

Designation :

Official Address :

Mailing Address :

City : State : Pin :

Phone (STD Code) : (Office) : (Residence) :

Mobile : Fax : E-mail :

Nature of Membership : One Year Life Time

Details of Draft Rs. No. Dt.

Issuing Bank

Place and Date :

Signature of the Applicant

● ***This form may be photocopied for multiple use.***

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