



The Biotech Research Society, India

c/o Biotechnology Division, National Institute for Interdisciplinary Science and Technology, CSIR, 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; binodkannur@gmail.com
Dr P Binod, Biotechnology Division, National Institute for Interdisciplinary Science & Technology, CSIR, Industrial Estate PO,
Trivandrum-695 019, India along with scanned copy of the bank transfer voucher/slip as the proof of payment made.

Membership type: Life

Membership fee: Life member - ₹ 5900.

Family name _____ First name _____ Middle initial _____

Title Prof. Dr. Mr. Ms.

Organization _____

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Address- Official _____

Address home _____

Email _____

Tel with code _____ (O) _____ (R) _____ (M) Fax _____

Educational qualifications

Degree	Year	University
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Professional experience

From	To	Organization
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Please provide
stamp size photo
(for Life members
only) as .jpg or word
doc file

Area 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

Name

NB: Use additional sheets, if required. Xerox copies of this form can also be used.