

Scitech Research Organisation(SRO) Membership Form

Form For Individual / Institutional Membership

Salution (Prof./ Dr./ Mr/ Mrs etc.):_____

First Name:_____

Middle Name:_____

Last Name:_____

Age & Date of Birth: _____Country:_____

Address:_____

Telephone:_____Mobile:_____

Fax:_____

Email: _____

Website(if any):_____

Educational Qualifications:_____

Designation: _____

Organization/company:

Membership of Professional Associations:

Please provide a summary of your experience upto date:

Professional Membership Experience (if any):_____

Editor: Willing to work on submissions to the press. (send a copy of CV for approval with this form)

I hereby enclose herewith Payment Proof for USD/Rs_____ dated:_____

Scitech Research Organisation (SRO) Membership Form

I am desirous of obtaining: LIFETIME ANNUAL GROUP

Undertakings:

- I agree to abide by the Rules of the SRO.
- I declare my willingness to abide by the SRO Fee Schedule.
- I shall take up and complete the proceedings assigned to me with utmost diligence and speed.
- *I note that my name will be deleted from the SRO as soon as I attain the age of 80 years.*
- I have not been convicted or charged of any offence and no criminal investigation or vigilance enquiry is pending against me.
- I declare that I have not been removed in circumstances where moral probity or incompetence were an issue.
- I declare that the SRO's and particulars as furnished above are correct. I have read and understood the terms and hereby agree to be bound by its terms.

Date: ____/____/____

Signature: _____

Duly filled up Membership Forms may be sent by Email to editorial@scitecresearch.com

Memberships made would be provisional and would be finalized after scrutiny by the Selection Committee of SRO.

Note: Annual subscription is for the period of one year from the date you pay the fee.