

MEMBERSHIP FORM

The Editor In chief,
I / we wish to be a member of "IJIERT" and
agree to abide by the rules setup by you. The
filled Performa is:

1.	Full Name	
2.	Gender	
3.	Nationality	
4.	Affiliation	
5.	Research Interest	
6.	Mailing Address	
7.	City	
8.	State	
9.	Pin	
10.	Country	
11.	Phone No. (O)	
12.	Phone No. (R)	
13.	Type	Individual/Institutional/Corporate
14.	Duration	Annual/ Three Years/ Five Years

PAYMENT DETAILS

Membership Cost: _____

BANK: BANK OF INDIA

Branch: Navi peth

City: Pune

State: Maharashtra

Nation: India

Beneficiary's Name: Pravin Ratanlal Choube

Beneficiary's Account No: 051110110005623

MICR Code: 411013012

Branch Code: 0511

IFSC Code: BKID0000511

Beneficiary's address: 466A, Sadashiv Peth, Pune,
Maharashtra state, India. Pin: 411030.

DECLARATION:

I _____ of

Hereby apply for membership and agree to be bounded by its memorandum and association as may be replaced or amended from time to time. Signing the membership declaration does not entail any legal or administrative obligations. It only reflects the support by entity or individual towards achieving the objective of IJIERT. Membership will enable participation in the activities that are intended to achieve the goals of the IJIERT.

Date:

Place:

Signature of Member:

Full Name of Member:

Stamp (If Applicable):