



## **Membership Form**

Name: .....

Qualifications:.....

Job Designation:.....

Experience: .....

Year of Graduation.....Post- Graduation.....Doctoral.....Post-Doc.....

Number of publications: National....., International.....

Department/Specialization:.....

Affiliation (Name of the University): .....

Working address:.....

Mailing address:.....

Mobile:.....

E-mail:.....

Area of Research: .....

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Color Photo

## **Declaration**

I hereby declare that the above mentioned information is true and to the best of my knowledge.

**Date:**

**Place:**

**(Signature of the Applicant)**

### **Note:**

Please provide the following details and send to [pharmaresearchlibrary@gmail.com](mailto:pharmaresearchlibrary@gmail.com)

1. An updated detailed Curriculum vitae (CV) with resent colored photograph.

2. Duly filled and signed application form.