

IUPAC AFFILIATE MEMBERSHIP REGISTRATION FORM

Please complete this form in CAPITAL LETTERS and return it to the Indian National Science Academy.

Name:

Designation: (Mr./Mrs./Dr./Prof.)

Date of Birth:

Age :

(Those who are above the age of 35 years have to send D.D. for Rs. 1000/- equivalent to USD 20 towards the Membership Fee)

Address:

Telephone No. with code:

Email:

Name of your Institution:

BROAD INTEREST:

SPECIFIC INTEREST:

(Signature)

Date:

Please return this form to:

Dr. Brotati Chattopadhyay
Assistant Executive Secretary
Indian National Science Academy
Bahadur Shah Zafar Marg,
New Delhi-110002