

Society for Bioinformatics and Biological Sciences (SBBS)

Gangotri Nagar, Naini, Agriculture Post Office Allahabad 211007, Uttar Pradesh, India
(Society Registered under Indian Societies Registration Act 21, 1860)

App. No. SBBS /.....

APPLICATION FOR MEMBERSHIP

Membership Type: Annual (.....) / Life Time / Honorary

Name:

Father's Name:

Mother's Name:

Organization:

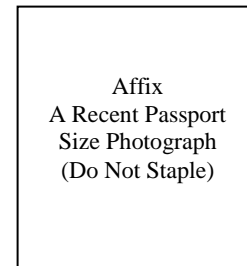
Mailing Address:

E-mail Address:

Tel. No: Mobile No:

Academic Profile (Under Graduate onwards):

Qualification	Year	University/Institute



Professional Experience:

Area of Specialization:

Research/ Teaching Experience:

No. of Publication:

Books:

Papers:

Any other relevant information:

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Declaration

I certify that the above information is true to my knowledge and furnished to become the member of Society for Bioinformatics and Biological Sciences. I agree to abide by the rules and regulations of the Society.

Place:

Date:

Signature of the Applicant

Form No..... Society for Bioinformatics and Biological Sciences (SBBS) Date:
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Registration Acknowledgment

Name..... Organization.....

Payment: Annual: ₹ 500 Life Time: ₹ 3000

Treasurer, SBBS