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| **Application for ASSOCIATE MEMBER** |

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| **1.** | **Name of the Applicant**( in BLOCK LETTERS) | : |  |
| **2.**  | **Name of Father / Husband** | : |  |
| **3.**  | **Date of birth** (DD-MM-YYYY) | : |  |
| **4.**  | **Highest Academic Qualification** | : |  |
| **6.** | **Total Experience(In Years)** | : |  |
| **7.** | **Total Number of Publication (if any)** | : |  |
| **8.** | **Present Position** | : |  |
|  | **Address (Official)/ Affiliation** | : |  |
| **9.** | **Address (Residence)** | : |  |
|  | Mobile No | : |  |
|  | Email | : |  |
| **10.** | Payment of Membership Fees(Online/Bank Deposit) | : |  |
|  | Amount Paid (INR/USD) | : |  |
|  |  |  |  |
|  | **I declare that*** The particulars given above are true and correct to the best of my knowledge.
* I wish to become the ASSOCIATE MEMBER of EAS Publishers and if enrolled agree to abide by its rules and regulations.
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|  |  |  | Signature of Applicant |
|  |  |  | Date: |

***N.B: Please send the scan copy of this form to email:*** office.easpublisher@gmail.com

***(\*Attach a photocopy/scan copy of Master's degree certificate, if already earned and a good resolution PASSPORT SIZE PHOTOGRAPH along with application form. Kindly attach brief details about your Publications, Awards amd Membership details)***