



Scientific Communications Research Academy  
साइंटिफिक कम्युनिकेशंस रिसर्च अकादमी

## Application Form for Membership

Application No.-----

Passport Size  
Photograph

Dear Sir,

I like to be enrolled as an Individual Member / Institutional Member of Scientific Communications Research Academy. *(Please. Tick)*

I am interested in the following section *(Please tick any one)*.

### Individual Member:

1] Computer Science, Computer Applications, Information Technology

MCS  MCA  MIT

2] Circuit branches in Engineering  MCE  MEE

### Institutional Member:

1] Professional Standards Organization  PSO

2] Academic Standards Organization  ASO



**Applicant Details:** *(Please fill in block letters)*

Mr./Ms./Mrs/Dr./Prof. \_\_\_\_\_

Name of Applicant: *First Name*-----

*Last Name*-----

Full Name in Record -----

Academic Qualifications : -----

Name of the Institution: -----

Designation: -----

Name of the Department:-----

Address for Communication : -----

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*(Including state, city/town and pin code)*

Phone No.:(with STD Code)-----

Mobile Number:-----

E-mail : (1)-----

E-mail : (2)-----



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Permanent Address : -----  
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*(Including city/town and pin code)*

Date : -----

Yours Faithfully

*Seal - If Institutional Membership*

**Signature**

**Note :**

- All Application forms for Membership must be submitted by providing the email address only.
- Membership categories in **Individual Member / Institutional Member**
- Membership criteria FREE
- No Membership will be taken without duly filled in prescribed Membership Form.
- Send a scanned copy of this filled application along with passport size color picture.