



Scientific Communications Research Academy
साइंटिफिक कम्युनिकेशंस रिसर्च अकादमी

Application Form for Membership

Application No.-----

Passport Size
Photograph

Dear Sir,

I would 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] Engineering ME

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 : -----

(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 : -----

(Including city/town and pin code)

Date : -----

Yours Faithfully

Seal - If Institutional Membership

Signature

DECLARATION

I declare that the information given in this online application is correct to the best of my knowledge. I further undertake that I will promote the objectives of SCRA.

Email attachments:

- Send a scanned copy of this filled application
- Latest passport size color picture
- Updated resume/cv.

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.