**Fellow Membership of the Society**

www.fishlifesciencejournal.com

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Membership Form** | | | | |
|  | | | |  |
| Please send this form as an attachment to email:info@fishlifesciencejournal.com | | | | |
| 1 | Name as in official document.  Surname (Family name)  in bold |  | | |
| 2 | Nationality : |  | | |
| 3 | (a) Date of birth | (Enclose Proof of Age – Birth Certificate or Matriculation Certificate) | | |
|  | (b) Gender |  | | |
| 4 | Mailing Address : |  | | |
| 5 | Institutional/Business   Address : |  | | |
| 6 | Phone : Office/Factory/ Institute : Residence : |  | | |
| 7 | Fax No. |  | | |
| 8 | Mobile : |  | | |
| 9 | Email: |  | | |
| 10 | Academic Qualifications : | (attach the proof) | | |
| 11 | Profession and Experience : | (attach the proof) | | |
| 12 | Present Position/Post : |  | | |
| 13 | Research Interest : | (in 100 words) | | |
| 14 | How you came to know of Journal : |  | | |
| 15 | Life Membership code | (attach the proof) | | |
| 16 | Total Impact Points obtained | (Thomson Reuters) | | |
| 17 | Total professional experience (in years) | (attach the proof) | | |
| 18 | Draft / Cheque no. / PayUmoney ID /NEFT- No. |  | | |
| 19 | Dated |  | | |
| 20 | Banker’s Name |  | | |
| 21 | Amount (Rs / US $) |  | | |

1. Salient contribution made by the candidate in respective field (<200 words)
2. Any developed technology has been transferred to industry? If yes, attach the proof along with application

I certify that the information provided above is true and correct to the best of my knowledge. I am agreeable to the terms and conditions of the Fellow Member. I undertake to abide by the decision of the expert committee, juries and Society of Fisheries and Life Sciences in the matter of the above competition.

Place: ………………………… Signature: …………………..

Date:………………………… Name: ………………………

Endorsement/Recommendation from the Head of the Institute/Department where the applicant is employed.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Date: ………………..

(Signature of Head of Institution)

Place: ……………….