## **Ion Beam Society of India**

Inter University Accelerator Centre Aruna Asaf Ali Marg, New Delhi 110067

1. Name ( In Block Letters)	
Last, First , Middle :	
2. Sex	Male/ Female
2. Institution	
3 Designation	
4. Date of Birth (dd/mm/yyyy)	
5. Academic Qualification	
6. Experience in Ion beam	
based research/	
development	

Application form for LIFE / Membership

## B: Address

6. Address ( Office)	7. Address ( Residence)

State:		State:	State:		
Pin code :		Pin code:	Pin code:		
Telephone No:			Telephone r	าง :	
Fax N0;			Fax no:		
Mobile No :					
Email :			Email :		
			Office/ Res	sidence	
8. Preferred add	lress for con	nmunicati	on :		
9. Professional Experience ( If required, separate sheet may be attached)					ched)
Employer Year Po			Position	n/ Designation	
<ul><li>10. Area of Specialization:</li><li>11. Brief Description on Specialization: (Separate sheet may be attached)</li></ul>					
12.Name of two referees from the field of Ion Beam based research					
i)					
ii)					
13.Payment Details: (Life Membership: Total Rs 1500,). Out of this Rs 100/ is for Admission fee. Payment may be made in Cash/ Draft /Cheque in favour of "Ion Beam Society of India, New Delhi. Please add Rs 100/ extra for outstation cheques)					
Payment Mode	Cheque / DD no	Date	Bank	Branch	Amount

Cash/ DD / Cheque			

Date : Signature :

## 14. Recommendation By IBSI

	EC Decision	Membership No	Signature	Signature
Received		alloted	(Secretary/Treasurer)	( President)

Contact Details: Telephone: 0091 11 26893955/26892601, Fax: 0091 11 26893666

Email: ambujtripathi@gmail.com, dka4444@gmail.com