



AJPRD Research Scholar Hub Life Membership

Name: Dr./Prof./Mr./Mrs./Ms. :

Qualification :

Designation :

Department/ Specialization :

Experience (In Years) :

✓ Research:

✓ Academic:

✓ Industry:

Fix latest
Passport Size
Photograph

Area of Research (If Applicable):

No. of Book Published:

No. of Paper Publications (National /International) :

No. of Paper/Poster Presentations (National /International) :

Working Address :

Permanent Address:

Contact No. :

E-mail :

Date:

Place:

Signature of Applicant

Please send duly filled and signed copy of application form with latest colour photo to
ajprdmk@gmail.com