

## EDITORIAL BOARD MEMBERSHIP FORM

Color Photo

(ISSN: 2231-4202 Print & 2249-9970 Online)

Name (Prof./Dr.):			
	ame (Prof./Dr.):		
Organization:			
Date of Birth:			
Address (Postal):			
 City:	Pin:	Country:	
		(R):	
		(Fax):	
E-mail:			
Experience in years:			
Teaching:	Research:	Others	<u>:</u>
Educational Qualification			
Membership of Profession			
How many articles would	d you be able to edit per	nonth? :	
Area of interest(s):			
Number of Publications:			
Journals (International/N	ational):		
Conference (Internationa			
Others (Books etc.):			
(*Please add additional s	heet giving areas and titl	es of papers.)	
<u>Declaration</u> : subscriber of journal an information given here a solely responsibility of m Date:	re complete and correct.	of at least one par The furnishing of inf	er for each issue. The
	(For Office U	se Only)	
Editor's no.:		Signature	of Managing Director