



Society of Young Biomedical Scientists (SYBS), INDIA

Membership Form



Website: www.sybsindia.org Email: contact@sybsindia.org Mob No. 9414153849

Step 1: Personal Details

First Name* **Father's Name***
 Date of Birth* Gender* Male Female Citizenship*
 Professional Role* Organization/ Institute
 Mobile No* Email Address*

Step 2: Communication Address

Permanent address
 Current address

Step 3: Educational Details

Qualification* Subject/Specialisation*
 University / Institute

Step 4: Membership Details

Membership Segment*

Faculty PhD Scholar PG Student UG Student Others

Membership Category*

Life Sciences Medical Sciences AYUSH Other

Duration of membership

Life time Three Years One Year

Membership Fees*

Rs. 500 Rs. 1000 Rs. 3000 Rs. 5000 Other Amount Rs.....

Mode of Payment

Cash Cheque Online Transfer

Signature of Applicant

Official Use Only

Membership No..... Professional Role in SYBS

Signature of office bearer