

Registration form

Please consider my application for the Membership of ASRES in Student/ Researcher category. My brief resume is given below for your consideration.

Name:

Date of birth:

Address for correspondence:

Phone no: (O) _____ (R) _____ (Cell.) _____

Email:

Areas in which you can guide some projects (*max. four*):

- 1.
- 2.
- 3.
- 4.

Qualification:

Degree	Discipline/Specialization	Institute	Year	Class/Grade
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Experience:

Research – _____ years

Teaching – _____ years

Industry – _____ years

Publications (*number only*):

Books/Book Chapters:

Journals:

International Conference:

National conference:

Patents:

No. of Projects completed:

Research – _____ , **Consulting** – _____

Major Equipments/Software's available in your lab for testing and consultancy work: