

Life Membership Form

| | |
|--|---|
| Full Name | Prof / Dr / Mr / Mrs / Miss |
| Professional Qualifications | |
| Present Position | |
| Professional Address | |
| Contact Info | Work Phone : Home Phone : Mobile: Email: |
| Research Interests (Please give a brief write-up of about 50 words) | |
| Signature | |

Please fill up the application form and attach a Demand Draft of Rs.500/- drawn on any nationalized bank favoring “**National Magnetic Resonance Society**” Payable at Bangalore, towards Life Membership fee and send to **Secretary, NMR Research Centre, Indian Institute of Science, Bangalore 560 012**. You will receive a receipt in due course time.

| | |
|----------|-----------|
| D.D. No | Date |
| Drawn on | Amount Rs |