



Biostatistics Consortium

Improving quality of medical research

Regd. No.: 143 dated 10-02-2020

MEMBERSHIP – APPLICATION FORM

PERSONAL INFORMATION(All columns are mandatory to be filled by the applicant)		
First Name (Add prefix Dr/ Prof/Mr/Mrs/ Ms)		
Last Name		
Designation		
Affiliation		
Contact Numbers	Landline (with STD Code)	Mobile
Address:		
Email:		
Gender: Male / Female / Other		
Qualification (Higher Secondary Onwards)	1. _____ 2. _____ 3. _____	
Years of Experience after highest qualification		
Number of publications in Index journals		
Type of Membership applied		

for	<hr/> Honorary Member/ Patron/ Life Member/ Annual Member/ Associate Expert Member/ Student Member (Benefits of each membership is given at website (www.biostatisticsconsortium.org))
DETAILS OF PAYMENT (PLEASE GIVE THE FOLLOWING DETAILS) By Cheque/DD in favor of Biostatistics Consortium NEFT Details:	
FEES PAID: INR _____ Or Exempted:	Internet Banking/NEFT/DD/Cheque: _____ Reference No.: _____

Note: Please send filled application form along with membership fee (if applicable) to the following email biostats.consortium.india@gmail.com

I want to be member of Biostatistics Consortium (BC) as I am aware and I know the aims and objectives of BC. The information provided above is true to the best of my knowledge. I agree to fulfill all the terms & conditions, rules, regulations and decisions of the Board members. As a member of Biostatistics Consortium, I will contribute my time and resources for the welfare of the society and for the aims and objectives of Biostatistics Consortium.

(Signature of Applicant)

FOR OFFICE USE ONLY

Approval Granted/Rejected:	
 (Signature of President/Vice President)	 (Signature of General Secretary)
Membership Number:	
Date of Registration:	
Type of membership offered:	