

INSTITUTE OF DEFENCE SCIENTISTS & TECHNOLOGISTSApplication Form for MembershipBranch: Bangalore Delhi Hyderabad Pune

Photo

Title: _____ (Sri, Smt, Ms, Dr, Prof, Service Rank)

Name: _____
First Name Middle Name Last Name

Membership Type: Life Membership

MoAR Clause: _____ (For Office Use Only)

Date of Birth: _____ (format: dd/mm/yyyy)

Address: _____

City: _____ Pincode: _____

STD Code: _____

Mobile No: _____

Other Phones (Optional): _____

Email ID: _____

Other Email ID (Optional): _____

INSTITUTE OF DEFENCE SCIENTISTS & TECHNOLOGISTS

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Date of Retirement: _____ (format: dd/mm/yyyy)

Lab / Establishment: _____

Designation at retirement: Scientist 'B' Scientist 'C' Scientist 'D'
 Scientist 'E' Scientist 'F' Scientist 'G'
 Scientist 'H' OS DS
 Service Rank _____

No. of technical papers: _____

Technical papers in brief: _____

No. of awards: _____

Awards in brief: _____

Core Subject: _____

Key Area 1: _____

Key Area 2: _____

Key Area 3: _____

INSTITUTE OF DEFENCE SCIENTISTS & TECHNOLOGISTS

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Expertise: _____

Qualification: _____

University / Institute: _____

Remit Rs. 1100/- favouring 'Institute of Defence Scientists and Technologists' by Net

Transfer or deposit in:

Indian Bank,

Timarpur branch, Delhi,

IFSC : IDIB000T584,

Savings account no. 20433306641.

** Attach copy of PPO with this form.*