



Inventive Research Organization

(A Govt. Registered Org)

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IRO

MEMBERSHIP APPLICATION FORM

Name			
Date of Birth		Country	
Education (Starting from PhD to Bachelors)	Degree	Specialization	College or University
	PhD		
	Masters		
	Bachelors		
Affiliation			
Research Interest			
Category of Membership	Member	Fellow*	
Mailing Address			
Email		Mobile	
Payment Details			
Membership Fee			
Sender Name			
Bank Details (from where the amount is Transferred)			
Date of payment			
**Direct Transfer or RTGS Transfer or Wire Transfer or Credit Card For secure payment : http://iroglobal.com/payment.php			

I hereby declare that all the statements made in this membership application are true to the best of my knowledge and belief; and I agree to abide by the rules and regulations of the Inventive Research Organization (IRO) from time to time.

Date:

(Signature)

NOTE: Send your completed membership form along with the scanned copy of the payments to members@iroglobal.com

*10 Thomson Reuters Indexed Journal Publications are mandatory.