

Shibli National Academic Journal (SNAJ)

Membership Form

| | |
|-------------------------|--|
| Full Name: | _____ |
| Designation: | _____ |
| Department: | _____ |
| Institution: | _____ |
| Address: | _____ |
| City/State: | _____ |
| PIN Code: | _____ |
| Mobile No.: | _____ |
| Email: | _____ |
| Category of Membership: | <input type="checkbox"/> Annual <input type="checkbox"/> Life <input type="checkbox"/> Institutional |
| Payment Details: | Transaction ID / Receipt No.: _____ |

Declaration:

I hereby apply for the membership of **Shibli National Academic Journal (SNAJ)** and agree to abide by its rules and regulations.

Date: _____ Place: _____

Signature of Applicant: _____

For Office Use Only

Membership No.: _____

Date of Approval: _____

Authorized Signatory: _____