



KERALA ACADEMY OF SCIENCES

Life Membership Application

Name (<i>in block letters</i>)	
Date of Birth	
Designation	
Office Address	
Telephone (<i>Work</i>)	
Telephone (<i>Res</i>)	
Cell Phone	
Email ID	
Residential Address	
Academic Qualifications*	
Areas of Professional Interest	
Honors/Awards/ Memberships and Any Other Information	

**Minimum Eligibility for Admission: Masters Degree in Science/Engineering/Medicine with regular institutional affiliation.*

I agree with the objectives of the Kerala Academy of Sciences and wish to become a Life member of the Academy, and my CV is attached along with the application.

I transfer online Rs. 5000/- (Rs. Five thousand only) towards KAS Life membership fee, to the bank account; [Kerala Academy of Sciences; Account No.: 57007266803; Bank: SBI Karyavattam; IFSCode: SBIN0070043]

UPI ID/Bank:

Place:

Signature with Date

For office use

Admitted to Life Membership with Life Member No. L

on Date

Signature

President/GeneralSecretary