



MEMBERSHIP FORM
For EDITORIAL BOARD MEMBER

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Institute City, State, Country : _____
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Designation : _____

I hereby certify that all the information here in accurate and complete. I have thoroughly read and understood the Work Responsibilities and Duties, which is applicable for my association. I have agreed to abide by your Work Responsibilities & Duties I seek to associate. I authorize Visual Soft India Pvt. Ltd. to make what ever inquires it deems necessary in connection with this application and authorize to use above information related all working area of Journal.

Remark [Only for Official Use]

Signature with Date

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