

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 Payment details contact CTHRO Administrative (payments@cthro.com)			

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 Contemporary Talent Hunt Research Organization (CTHRO) from time to time.

Date:

(Signature)

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

*5 Thomson Reuters Indexed Journal Publications are mandatory.