

YOUNG MEMBERS' SECTION

APPLICATION FORM

- Name of author :.....
(with surname in Capitals)
(Mr. / Ms.)

- Category of Membership :.....Membership No:.....

- Name of University :.....

- Year in the University :.....

- Age :.....years: Month :.....
(on 31.12.2017) (nearest)

- Address :.....
(Residence)
.....
.....

- Telephone :.....e-mail (personnel) :

(Residence)
- Mobile :.....

- Occupation :

- Address :

(office)
- Telephone :.....Faxe-mail.....
(office)

- Have you participated in this Competition earlier
(x in the proper cage) No Yes

(a) If your answer is affirmative please answer (b) and (c) below

(b) Please state the year / years of participation

© The titles of the paper mentioned in section (a) and the year of submission with brackets.

.....
.....
.....

• Did you win a prize

Yes

No

If your answer to the above question is “Yes”,
Please mark the award winning article with an asterisk. (in © above)

Proposed Title for the Current Competition (The title should not exceed 10 words)

.....
.....
.....

The scope area of the proposed paper

.....
.....

I certify that the information given above is correct. I am aware that if the information is proved incorrect I shall be disqualified from participating.

I agree to abide by the rules of the competition.

(Please include an abstract of 200 words on your proposed paper along with the completed entry form.)

.....
Signature

.....
Date