

Association of Food Scientists & Technologists (India)

CSIR-CFTRI Campus, Mysuru-570 020

Members Contact Details UPDATE

Membership No:

PP size photo for **life member**
only

01. Member Name : Dr/Prof/Er/Mr/Mrs

02. Postal Address (encl. address proof) : _____

3. Date of Birth _____

05. Designation _____

07. Name & Address of the College / Institute / : _____
University / Organization

08. Area of Specialization : _____

09. Years of Experience: _____

10. Mobile: _____

11. E-mail: _____

Place: _____

Date: _____

Signature of the Member

NOTE: Please send the filled form with address proof to
afsti.members@gmail.com

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