

GWALIOR ACADEMY OF MATHEMATICAL SCIENCES

Head Office: School of Mathematics Allied Sciences, Jiwaji University, Gwalior

Website: www.gamsgwalior.com

Application Form For Associate Membership

**Name :**  **Date of Birth :**  **M/F**: **Designation:**

Address :

(Official)

Email: Mobile: Phone:

Address :

**(Residential)**

**Phone No. :**

**Qualifications :**

Details of :

Research

Publications

Areas of :

Interest

Type of Membership (Life/Donor): Rs. 2000/-(age upto 60year)

Rs. 1000/- (above 60 years)

Any Other :

Information

Date:­­­­­­­­­­ Signature

**For Online Registration**

**For Online Registration Kindly Open The Following Link**

**https://forms.gle/x2NRnpCBys1bJV5T6**

**\*Press Control and Click the Link to Directly Ascess It.**

**\*Else Copy The Link And Paste It In Your Web Browser.**