

# Light Of Science

Jalpaiguri

Affiliated to **BREAKTHROUGH SCIENCE SOCIETY** (Affiliation No. 53166/92)

Website: [LightOfScience.tk](http://LightOfScience.tk)

Email: [LightOfScience@outlook.com](mailto:LightOfScience@outlook.com)

## APPLICATION FOR MEMBERSHIP/ RENEWAL OF MEMBERSHIP

To  
The President  
Light Of Science  
Jalpaiguri

Dear Sir,

*I agree to abide by the Constitution\* and other rules and regulations of "Light Of Science" and would like to be enrolled as a member/ renew my membership of the organization.*

*Yours sincerely,*

Date: .....

Place: .....

*(Signature of the Applicant)*

\* "Constitution" refers to the constitution of BREAKTHROUGH SCIENCE SOCIETY, which can be found in the website.

(Please use capital letters only. Strike out whichever is not applicable.)

1. Name of the Applicant : .....
2. Residential Address : .....  
Postal Code : ..... ; District : ..... ;
3. Date of Birth : ..... ; Sex : Male / Female/ Other .....
4. Contact No.: +91 ..... / +91 ..... ; Email: ..... @ .....
5. Educational Qualification : .....
6. Profession: ..... ; Designation: .....
7. Institute/Office (If any).....
8. Membership No. (for renewal) : ..... ; Duration of Membership (for renewal) : .....

## The Words of Oath

*" I solemnly declare that I shall always be guided by scientific outlook and culture in my thinking and practice. I shall try my best to uphold ethical values and social responsibility in my pursuit of science. I shall never participate in those application of science and related research that are to my knowledge conducted for the destruction of science and humanity. I shall also try to inspire others around me to be free of unscientific beliefs and superstitions and to create and promote a scientific culture in the society. "*

Date: .....

Place: .....

*(Signature of the Applicant)*

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Received with thanks from ..... Rs. .... as  
Annual Membership Fee/ Renewal of Membership of "Light Of Science".

Membership No.: .....

Subscription Duration: .....

Next Renewal Date: On or before ..... / ..... / .....

Received by: .....

Date: .....