**RECOMMENDATION FORM**

The applicant Dr./Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been known to me for \_\_\_\_\_\_\_\_\_\_\_\_\_\_years.

* He/ She is a talented researcher of ethical values, high moral character, and team-building ingredients.
* He/ She takes a keen interest in spreading general awareness of trauma in public.
* I would like to recommend him/her for ISTAC Life/Associate Membership.

**(Name & Signature of Recommender) Membership No. \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

\* Recommendation is mandatory for ISTAC Membership. In case of any query kindly mail your details at info@traumaindia.org