



Individual Membership Form

Personal information

Title: **Dr.**

Gender: (M/F) **M**

Name: **Mohammadreza RAJABALINEJAD**

Suffix: <please insert text here>

Mailing address (Street or Postal Box): **Hydraulic Engineering Department, Stevinweg 1, 2628CN, Delft, the Netherlands**

City: **Delft**

Province/State: **Zuidholland**

Postal code: **2628 CN**

Country: **the Netherlands**

Email address: **M.Rajabalinejad@tudelft.nl**

Website:

www.hydraulicengineering.tudelft.nl/public/nejad

Phone number: **+31 15 278 3345**

Fax number: **+31 15 278 5124**

Current affiliation: **Post-doctoral researcher**

Job title: **Researcher**

Education Background

Highest degree received: **PhD**

Received from: **TU Delft, the Netherlands**

Major: **Geotechnics, Probabilistic methods**

Professional background

Professional background relevant to GEOSNet:

Reliability methods, Geotechnics, Hydarulics

Main reasons for your interest in GEOSNet and potential contributions to the network:

Networking