

Photo

MEMBERSHIP FORM - ORDINARY/LIFE

Name: Prof. / Dr. / Ms. / Mr. _____
(Name) (Surname)

Qualifications (provide Xerox copies of the certificates): _____

Designation: _____

Organization: _____

Address for correspondence: _____

Phone: (O) _____ (R) _____ Mobile: _____

Fax: _____ Email: _____

Mode of Payment:: Cash/DD; DD No. _____ Date _____
Bank: _____ Amount Rs. _____

Signature, Name and address of prospers with Membership Number:

Membership Number	Name	Address	Signature
1. _____			
2. _____			

I have gone through the constitution and bye laws of the society and will abide by the same.

Date: _____ **Signature of applicant**
Place: _____

For office use:

Signature of the Scrutiny committee	Signature of the treasurer
Secretary	President

The complete form along with the fees and send a demand draft / E-Transfer in favour of "Indian Pharmacological Society (Regular)" payable at **State Bank of India, Habsiguda Branch A/c No. 62465635306, IFSC Code: SBIN0020087.**

The details of membership fee: Life membership - Rs. 4000/- (Including Admission Fee)

Submit to : **Dr. Bhagirath Patel** General Secretary Indian Pharmacology Society, Srinidhi Residency, 1st Floor, House No. 12-13-754, Siddartha Nagar, Street No. 1, Tarnaka, Secunderabad, Hyderabad -500 017.E-Mailid: ipsgeneralsecretary@gmail.com, bhagirath70@gmail.com Ph: +91 7901256490.