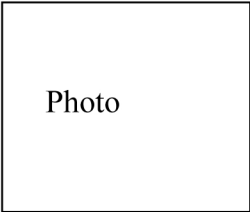


**IPS-01
INDIAN PHARMACOLOGICAL SOCIETY
MEMBERSHIP FORM - ORDINARY/LIFE**



Photo

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 sponsors 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)
	Ordinary membership -	Rs. 800/- (Annual Fee)