



MEMBERSHIP FORM

THE INDIAN SOCIETY FOR VETERINARY MEDICINE (ISVM)
(Registered under Society Act 21 of 1860)

OFFICE: Department of Veterinary Medicine
College of Veterinary Science and Animal Husbandry, OUAT, Bhubaneswar – 751003,
Ph. (O) 0674-2397719 (Ext-171) Fax. 0674-2397780, Mob-09776352179, Email: rcpatra@gmail.com

I, Dr. _____, wish to enroll myself as a Life Member of ISVM by paying the prescribed membership fee of Rs.1200.00 (Rupees One thousand two hundred only) to the Society and declare that I would not indulge in any activity subversive to ISVM. Following are my brief particulars which are true to the best of my knowledge. An additional fee of Rs. 100/- is also sent for publishing my biodata in the ISVM Directory.

1. Name: _____
(Print in BLOCK Letters, SURNAME first)

2. Date of birth _____

3. Educational Qualification _____

4. Home address _____

Pin _____ Telephone (with STD code) _____ Send one spare copy of photographs.

5. Mailing address _____

City _____ Pin Code _____

State _____ Telephone (with STD Code) _____ Fax _____

Mobile No. _____, Email ID: _____

6. Official designation: _____, Organization _____

7. Professional Accomplishments:

a) Service experience (beginning with current position)

b) Honours & Recognition received (Citations, Awards, fellowship: give any best four)

- i. _____
- ii. _____
- iii. _____
- iv. _____

Photograph
(5x 3.5 cm)

c) Membership in Professional Organizations (give position if any)

- i. _____
- ii. _____
- iii. _____

d) Scientific publications (Give No. only)

- i. Research _____ (Indian J.) _____ (Foreign J.) _____
- ii. Popular _____ iii) Books/Monographs _____

e) No. of post graduate students guided

- i. M.Sc./MVSc. _____
- ii. PhD/DSc _____

f) Any other relevant information (s) _____

I am enclosing a demand Draft of Rs 1200 / Rs1300 in favour of Indian Society for Veterinary Medicine, payable at OUAT Campus Branch of SBI for the above purpose. (Strike out if not required)

Date: _____

Signature of Applicant: _____

Name: _____

Recommendation by a life member of ISVM

I am recommending the name of Dr. _____ for consideration as a life member of the society.

Date: _____

Signature: _____

Name: _____

Address: _____

(For Secretariat records)

Membership of Dr. _____ is accepted/could not accepted because _____ and his/her name has been enlisted in the state of _____ at serial no. _____.

General Secretary

Treasurer