



MEMBERSHIP FORM
The Indian Society for Veterinary Medicine (ISVM)
(Registered under Society Act 21 of 1860)
OFFICE: Department of Veterinary Medicine
Nagpur Veterinary College, Seminary Hills,
Nagpur - 440006.
Ph. (O) 0712- 2531469, 2511402 Fax. 0712-2510883.

I, Dr. _____, wish to enroll myself as a life member of ISVM by paying the prescribed membership fee of Rs. 900/-. I declare that I shall abide with the By-Laws of the society as amended time to time and 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) _____

5. Mailing address _____

City _____ Pin Code _____
State _____ Telephone _____ Fax _____

Send one spare copy of Photograph.

Photograph
(5 x 3.5 cm)

6. Official designation : Post _____ Organisation _____

7. Professional accomplishments :

a) Service experience (beginning with current position) _____

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

i) _____

ii) _____

iii) _____

iv) _____

c) Membership in professional organisations (give position if any)

i) _____

ii) _____

iii) _____

iv) _____

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) _____

8. Recommendation by a life member of ISVM :

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

Date : _____

Signature _____

Name _____

Address _____

Date : _____

Signature of Applicant _____

Name _____

Address _____

(For Secretariate records)

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

General Secretary

Treasurer