



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

OFFICE: Department of Veterinary Medicine, College of Veterinary and Animal Sciences, G.B. Pant University of Agriculture & Technology, Pantnagar- 263 145, U. S. Nagar, Uttarakhand (INDIA)

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I, Dr. _____ wish to enroll myself as a Life Member of ISVM by paying the prescribed membership fee of Rs.1500.00 (Fifteen hundred rupees 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.

I. 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 _____ Email:.....

6. Official designation: Post _____ Organization _____

7. Professional accomplishment:

a) Service experience (beginning with current position) _____

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

i. _____

ii. _____

iii. _____

iv. _____

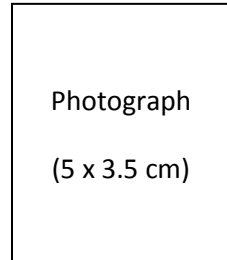
c) Membership in professional organisations (give position if any)

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) _____

I am enclosing a demand Draft of Rs. 1500.00 in favour of Indian Society for Veterinary Medicine, payable at Pantnagar, Branch of SBI (Code No. 01133) for the above purpose. (Strike out if not required)

Date: _____

Signature of Applicant: _____

Name: _____

Address: _____

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 of Applicant: _____

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