IPS-01

INDIAN PHARMACOLOGICAL SOCIETY
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:

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<th>Membership Number</th>
<th>Name</th>
<th>Address</th>
<th>Signature</th>
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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, Tamaka, Secunderabad, Hyderabad -500 017. E-Mailid: ipsgeneralsecretary@gmail.com, bhagirath70@gmail.com Ph: +91 7901256490.