

IPS-01
INDIAN PHARMACOLOGICAL SOCIETY
LIFE MEMBERSHIP FORM

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Name: Prof. / Dr. / Ms. / Mr. _____
(Name) (Surname)

Qualifications (provide photocopies of the certificates): _____

Designation: _____

Organization: _____

Address for correspondence: _____

Phone: (O): _____ (R) _____ Mobile: _____

Fax: _____ E-mail: _____

Mode of Payment: DD/RTGS/NEFT _____
DD/UTR/Reference No: _____ Date: _____
Bank: _____ Amount Rs. _____

Signature, Name and address of prospers with Membership Number:

Membership Number	Name	Address	Signature
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1. _____

2. _____

I have gone through the constitution and bye laws of the society and will abide by the same.

Date:

Place:

Signature of applicant

For office use:

Signature of the Scrutiny committee

Signature of the treasurer

Secretary

President

Life membership fee: Rs.4000/- (For Indian Nationals) ; \$350 (For Foreigners)

Demand draft should be in favour of "Indian Pharmacological Society (Regular)" payable at **State Bank of India**, Habsiguda Branch, Hyderabad.

Details for RTGS/NEFT- State Bank of India, Account No.62465635306, IFSC: SBIN0020087, Habsiguda. Uppal Road, Hyderabad-500 007

Online Transfer should be done by details "Indian Pharmacological Society (Regular)".

Hard copy of duly filled and signed of registration form, photocopies of certificates, DD/ online payment proof should be sent to **Dr. B. Kalakumar**, General Secretary Indian Pharmacology Society, Srinidhi Residency, 1st Floor, House No. 12-13-754, Siddartha Nagar, Street No. 1, Tamaka, Secunderabad, Hyderabad -500 017.

Scancopy of duly filled and signed form along with above mentioned documents should also be sent to ipsgeneralsecretary@gmail.com , bkalakumar@rediffmail.com, yogeshkulkarni101@yahoo.com

Mobile-: +91 9441242213.