

**INDIAN PHARMACOLOGICAL SOCIETY
MEMBERSHIP FORM
Ordinary/Life**

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

Qualifications: _____

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 sponsors with Membership Number:

Membership Number	Name	Address	Signature
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

The complete form along with the fees by DD in favour of "Treasurer, Indian Pharmacological Society" payable at Ahmedabad to be sent to: Dr Dr.Bhagirath K.Patel, Treasurer, IPS, Shivrath COE in Clinical Research III floor, Anand Complex, Near SOLA Over Bridge, SG Highway, Thaltej, Ahmedabad 380054, Mobile:09426391015, Email. bhagirath70@gmail.com".

SUBSCRIPTION DETAILS For Indian Nationals

Ordinary Membership (Annual) : Rs. 300-00

Life Membership Fee : Rs. 2100

Admission Fee : Rs. 50-00

For Foreigners

Ordinary Membership (Annual) : US \$ 20-00

Life Membership Fee : US \$ 250-00