## INDIAN PHARMACOLOGICAL SOCIETY ODISHA STATE BRANCH MEMBERSHIP FORM ORDINARY / LIFE

NAME: PROF. / DR. / MS. / MR.		(NAME)	(SURNAME)	
QUALIFICATIONS:				
DESIGNATION:				
ORGANIZATION:				
ADDRESS FOR CORRESPONDI	ENCE:			
	PHONE: (O)_	(F	()MOBILE:	
	FAX:	EMAI	L:	
MODE OF PAYMENT :	CASH/DD:	DD NO	DATE	
		BANK	AMOUNT RS	
SIGNATURE, NAME AND ADDRE	ESS OF PROPOSER	S WITH MEMBERS	SHIP NUMBER:	
MEMBERSHIP NUMBER	NAME		ADDRESS	SIGNATURE
1				
2				
I HAVE GONE THROUGH THE C	ONSTITUTION AND	BYE LAWS OF THI	E SOCIETY AND WILL ABIDE	BY THE SAME.
DATE: PLACE			SIGNATURE	OF APPLICANT
· —				

## FOR OFFICE USE:

SIGNATURE OF THE TREASURER

SECRETARY PRESIDENT

THE COMPLETE FORM ALONG WITH THE FEES BY DD IN FAVOUR OF "TREASURER, INDIAN PHARMACOLOGICAL SOCIETY ODISHA STATE BRANCH" PAYABLE AT BURLA IS TO BE SENT TO: DR.SASHI BHUSAN BISWAL, TREASURER, IPS-OSB, ASST. PROFESSOR, DEPT. OF PHARMACOLOGY, BURLA, PIN: \_\_\_\_\_\_SAMBALPUR, ODISHA

LIFE MEMBERSHIP - RS. —/ORDINARY MEMBERSHIP - RS. —/-

THE DETAILS OF MEMBERSHIP FEE