THE INDIAN SOCIETY FOR VETERINARY MEDICINE



(Registered Under Society Act 21 of 1860)

MEMBERSHIP FORM Office: Dr. R.V. Gaikwad (PhD), General Secretary, Indian Society for Veterinary Medicine, Department of Veterinary Clinical Medicine, Ethics and Jurisprudence, Mumbai Veterinary College (MAFSU), Parel-Mumbai 400012 (M.S). Email: gsisvm@gmail.com, drrajivgaikwadgsisvm@gmail.com

Photo

(Attach one more photograph)

I, Dr______ wish to enrol myself as a life member of ISVM by paying the prescribed membership fee of Rs.2000/-(Rupees Two Thousand only) to the Indian Society for Veterinary Medicine 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.

1	Name of the												
	Applicant												
	(In BLOCK LETTERS)			1			I			I	1		11
2	Date of Birth												
3	Official Designation												
4	Permanent Address												
	(Door No., Street												
	Name, Village /												
	Town, District,												
	State, Pin Code)												
_			T			1		T	T				
5	Address for											 	
	Correspondence												
	(Door No., Street												
	Name, Village /												
	Town, District,												
	State, Pin Code)												
			1					1	1				
6	E-mail Address												
	Mobile number												
7	Alternate Email				 								
	Alternate Mobile number												

(i)	(iii)
(ii)	(iv)

- 8 Professional Accomplishment Service in years/ Honours
- 9 Educational Qualification* (Enclose Proof)

Name of the qualifying examination	Name of College/ University	Degree Received	Specialization
B.V.Sc.,			
M.V.Sc.,			
Ph.D.,			
Others			

Details of Transaction ID of payment done by the applicant with date:-----

SB account number	30090684263	Signature of the				
IFSC Code	SBIN0061529	Applicant Name				
Branch	SBI, SEWREE, MUMBAI	Address				
		 Pin				
	Recommendation by a	life member of ISVM				
I am recom	mending the name of	Dr for				
consideration as a life	member of the society.					
		Signature of the Life				
		Member				
		Name				
		ISVM LM No:				
		Address				
		Pincode				
*****	******	****************				
	(For Secretar	riat records)				
Membership o		is accepted for / could not be				
accepted and his/her n No		state of at serial				
Payment detai	ls verified and confirmed.					
Allotted Enrol	ment of Life Membership No)				
Tr	easurer	General Secretary				