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 | | | | |