THE INDIAN SOCIETY FOR VETERINARY MEDICINE

(Registered Under Society Act 21 of 1860)

MEMBERSHIP FORM

Office: Dr. Shiv K. Sharma (Ph.D), General Secretary, Indian Society for Veterinary Medicine
Department of Veterinary Medicine
College of Veterinary & Animal Science
Navania, Udaipur – 313601
(Rajasthan University of Veterinary and Animal Sciences)
Email: gsisvm@gmail.com, drshivsharmavet@rediffmail.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)

2 **Date of Birth**

3 **Official Designation**

4 **Permanent Address (Door No., Street Name, Village / Town, District, State, Pin Code)**

5 **Address for Correspondence (Door No., Street Name, Village / Town, District, State, Pin Code)**

6 **E-mail Address**

Mobile number

7 **Alternate Email**

Alternate Mobile number

8 Professional Accomplishment Service in years/ Honours **(i)** **(ii)** **(iii)** **(iv)**

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			

I am enclosing a demand draft for Rs.2000/-(Rupees Two thousand only vide DD No. / UPI Bank Account Transfer..... dated...../...../.....of.....Bank in favour of Indian Society for Veterinary Medicine, payable at SBI, Vallabhnagar, Udaipur for the life membership purpose. (You can also do a bank transfer and send the proof to gsisvm@gmail.com, drshivsharmavet@rediffmail.com. The following are the bank account details for the Mode of Payment made: DD No. / UPI Bank Account Transfer)

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

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SB account number	30090684263
IFSC Code	SBIN0031226
Branch	SBI, Vallabhnagar, Udaipur

Signature of the Applicant_____
Name_____
Address_____
_____
Pin_____

Recommendation by a life member of ISVM
(Not mandatory)

I am recommending the name of Dr_____ for consideration as a life member of the society.

Signature of the Life Member_____
Name_____
ISVM LM No:_____
Address_____
_____
_____Pincode_____

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(For Secretariat records)

Membership of Dr. _____is accepted for / could not be accepted and his/her name has been enlisted in the state of _____at serial No_____

Payment details verified and confirmed.

Allotted Enrolment of Life Membership No.----------

Treasurer **General Secretary**