LIFE MEMBERSHIP FORM
SOCIETY FOR VETERINARY SCIENCES AND BIOTECHNOLOGY

Registration No.: 03/27/03/15552/12 Oct. 2012, Indore
(Registered under Society Act of 1860, (M.P. Society registration adhiniyam 1973, S.N. 44)
OFFICE (w.e.f. April 2023): 4-A, Palav Tenament, Near Avsar Party Plot, Anand-Chikhodra Road, **Anand-388 320, Gujarat,**
E-mail: **svsbt23and@gmail.com, 9825484047, OR ajdhami59@gmail.com, 9898262498 (M)**

I, Dr. _____wish to enroll myself as a Life Member of SVSBT by paying the prescribed membership fee of Rs.2000.00 (Rupees Two thousand only) to the Society and declare that 1 would not indulge in any activity subversive to SVSBT. Following are my brief particulars which are true to the best of my knowledge.

Photograph

(5 x 3.5 cm)

I. Name: _____

(Print in BLOCK Letters, SURNAME first)

2. Date of birth_____

3. Educational Qualification with discipline_____

4. Home address_____

_____

City_____ Pin_____ **Mobile** _____

5. Mailing address_____

_____

City_____ Pin Code_____ **E-mail** (mandatory): _____

6. Official designation: Post_____ Dept _____ Organization _____

7. Professional accomplishment:

a) Service experience (beginning with current position)_____

_____

_____

b) Honours (Citations, Awards, fellowship: give any best four)

i. _____

ii. _____

iii. _____

iv. _____

c) Membership in professional organizations (give position if any)

i. _____

ii. _____

iii. _____

iv. _____

(d) Scientific publications (Give No. only)

i. Research_____ (Indian J.) _____(Foreign J.) _____

ii. Popular_____ iii) Books/Monographs_____

e) No. of post graduate students guided

i. M.Sc./MVSc. _____

ii. PhD/DSc._____

f) Any other relevant information (s)_____

_____

_____

I have transferred the amount of **Rs. 2000.00** directly online, OR *Enclosing Demand Draft, in favour of **Society for Veterinary Science and Biotechnology,** payable at **UCO Bank, Account No. 18400110008843, Anand Branch, IFSC code: UCBA0000082,** for the above purpose. (*Strike out if not required)

Date: _____

Signature of Applicant: _____

Name: _____

Address: _____

Recommendation by a life member of SVBT

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

Date: _____

Signature of Recommending LM: _____

Name: _____

Address: _____

(For Secretariat records)

Membership of Dr._____ is accepted/could not accepted because _____and his/her name has been enlisted in the state of _____at serial no._____.

General Secretary **Treasurer**

Note: A good quality scanned pdf of filled-in and signed form, along with the screenshot of transaction showing UTR/UPI No. be send on the same day of payment to Dr. A. J. Dhami at Anand on WhatsApp No. 9898262498 or e-mail at ajdhami59@gmail.com.