

SOCIETY OF PHARMACOGNOSY

(Formerly Indian Society of Pharmacognosy)

Recent
Photograph

APPLICATION FOR MEMBERSHIP

FOR OFFICE USE ONLY

Membership No.:

Date of admission:

Remark:

General Secretary

Check the type of membership desired: Please put in appropriate box

Patron - INR 25,000/-	<input type="checkbox"/>
Life Member (Individual) - INR 4,000/-	<input type="checkbox"/>
Associate Members (Individual) - INR 3,000/-	<input type="checkbox"/>
Institutional (Annual) – INR 1500/-	<input type="checkbox"/>
D.D. to be drawn in favour of Society of Pharmacognosy payable at Sagar (M.P.) India	

Full name of the applicant (in block letters):

Surname:

First:

Middle:

Title; Prof./Dr./Mr./Ms/Mrs.:

Qualification:

Mailings address and contact details:

Designation and contact details:

Mobile:

Mobile:

Email id:

Email id:

This application is supported by the following two members of the Society of Pharmacognosy;

1. Full Name and Signature;

2. Full Name and Signature;

Signature:

Signature:

Name:

Name:

Membership No.:

Membership No.:

Amount paid (in figures and words):

Mode of payment: Cheque/Draft:

Cheque/Draft details:

Applicant's signature and date

Application and Remittance

This application duly filled out together necessary remittance should be mailed to
The General Secretary, Society of Pharmacognosy, H.Q.: Department of Pharmaceutical Sciences,
Dr. H.S. Gour Vishwavidyalaya (A Central University), SAGAR 470003 (M.P.) India.