

ASPI

ACADEMIC SOCIETY OF PHARMACOLOGIST OF IGIMS, PATNA

HEAD OFFICE: Department of Pharmacology, Indira Gandhi Institute of Medical Sciences, Sheikhpura, Patna-800014, Bihar, India

Membership form

Name (CAPITALS) Dr.

Father/Husband's name

Date of birth (DD/MM/YYYY)

Corresponding address

Phone no. Off (with STD): Res. (with STD): Mob:

Email ID (CAPITALS)

Academic qualifications:

MBBS-MEDICAL COLLEGE State.....

Registration No. (MCI/Other Councils, etc.)

Additional qualification with specialty: MD/PhD

Designation

Place of work/Institution

Proposed by:

1) Name..... Membership No.....

Signature

2) Name..... Membership No.....

Signature

Membership type: Life Membership

Membership fee Rs. Paid by DD/Cheque/Cash/NEFT (A/C details)

Dated..... Cheque/DD no.in favour of "Academic Society of Pharmacologists of IGIMS" payable at Patna.

Life Membership Fee: Rs. 5000/- only.

I hereby undertake that I will abide by the rules and regulations of the society.

Signature:

Date:

Name: