

MEMBERSHIP APPLICATION FORM

SOCIETY FOR TOXICOLOGIC PATHOLOGY IN INDIA

Name of Applicant: _____ / _____ / _____
First Name Middle Name Last Name or Family Name

Date of Birth _____ / _____ / _____ Male Female
Month Day Year

Qualification: _____

Name of Institution _____ Department _____

Classification Academic Government Industry Research Currently Student Others _____

Institution Address _____

City/State/PIN/Country _____

Phone - Office _____ Residence _____

Fax _____ Email _____

EDUCATIONAL STATUS

Degree	Institution	Major Field	Year of Passing
--------	-------------	-------------	-----------------

Special Training (If any):

SUBSCRIPTION PARTICULARS: Life membership fee-Rs.2500/- Institutional membership- Rs.5000/-

DD NO: _____ Date _____ Amount Rs. _____

Bank drawn on _____

Please enroll me as the Life/Institutional member of the **Society for Toxicologic Pathology in India** and acknowledge the receipt.

Place:

Date:

Signature

(FOR OFFICE USE ONLY)

PERMANENT LIFE MEMBERSHIP NUMBER: _____

Treasurer

Society for Toxicologic Pathology in India (STPI)

(NOTE: The draft is to be drawn in favour of **Society for Toxicologic Pathology in India** (STPI), payable at Bangalore and sent to Dr. Kamala K, Treasurer, STPI, Advinus Therapeutics Private Limited, 21&22, Peenya Industrial Area, Phase II, Bangalore - 560 058, Phone (O): 080-28394959,