



SOCIETY OF PHARMACOGNOSY & PHYTOCHEMISTRY

(Regd. Under Registration of Societies)

Head Quarter: 169, C-11, Sector-3, Rohini, New Delhi-110085, India

Website: www.phytochemistrysociety.com

MEMBERSHIP FORM

(NOTE: PLEASE MAKE ALL ENTRIES IN BLOCK LETTERS)

Membership No.:

NAME

Please Tick as applicable Dr. Prof. Mr. Ms. Mrs.

First Name

Middle Name

Last Name / Surname

PERMANENT ADDRESS

Area / Locality / Village

Town / City / District

Pin Code

Phone

Fax

Mobile

E-mail

OFFICIAL ADDRESS WITH DESIGNATION

Organization

Address

Pin Code

EDUCATIONAL QUALIFICATIONS

Degree	Year of Passing	Name of Institute	University

*Please enclose photocopy of your All Degree Certificate.

Date of Birth / /

Marital Status (Married/Unmarried)

Put (✓) in the appropriate box

Type of Membership

Fellow Membership

Annual Membership

Life Membership

PAYMENT DETAILS: Enclose Draft/Cheque* in favor of **Society of Pharmacognosy & Phytochemistry New Delhi**"

Amount (in words)

Cheque/Draft / Pay order No.

Dated / /

<input type="checkbox"/>	Online Payment
<input type="checkbox"/>	Cheque/ Draft
<input type="checkbox"/>	Forex

Drawn on (Bank Name)

Branch ₹ /-

UNDERTAKING

Certified that the information given in the form are true to the best of my knowledge. I shall abide by all the rules and regulations of the Society of Pharmacognosy & Phytochemistry.

Place.....

Date / /

Applicant's Signature

MAIL THE APPLICATION FORM

To

Dr. Akhil Gupta

President

Society of Pharmacognosy & Phytochemistry,

169, C-11, Sector-3, Rohini, New Delhi-110085, India

E-mail: info@phytochemistrysociety.com Website: www.phytochemistrysociety.com

MEMBERSHIP FEES

Fellow Membership:

Total: ₹ 5,500/- or US \$100

Life Membership:

Total: ₹ 3,500/- or US \$60

Annual Membership:

Total: ₹ 500/- or US \$10

For office use only

Membership No.

Date of Admission / /

Receipt No.

Date of Dispatch / /

Signature
(President)