

SOCIETY OF PHARMACOGNOSY

Formerly Indian Society of Pharmacognosy

APPLICATION FOR MEMBERSHIP

FOR OFFICE USE ONLY

Membership No.:

Date of admission:

Secretary

Check the type of membership desired: Please put $\sqrt{\quad}$ in appropriate box

Patron - Rs. 25,000/-

Annual Membership:

Individual – Rs. 300/-

Life Member (Individual) - Rs. 3,000/-

Institutional – Rs. 1000/-

D.D. to be drawn in favour of

D.D. to be drawn in favour of **Indian Journal of Natural**

Society of Pharmacognosy payable on **Sagar** (M.P.)

Products payable on **Sagar** (M.P.)

Members are entitle to receive News Letter and Indian Journal of Natural Products

Full name of the applicant (in block letters):

Surname:

First:

Middle:

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

Qualification:

*Mailing address and telephone No.

Designation and official address and telephone No.

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 Number:

Membership Number:

*Amount paid (in figures and words):

Mode of payment: Cash/Postal Order/Draft:

*Applicant's signature and date

Application and Remittance

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

*Information is essential