



# MEMBERSHIP APPLICATION FORM

## SOCIETY OF TOXICOLOGIC PATHOLOGY - 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
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Special Training (If any):

Type of Membership applied:  Primary Membership  Associate Membership

Note: For STP-I Primary membership, one must have minimum qualification of post-graduation in Pathology discipline

**SUBSCRIPTION PARTICULARS:** Life membership fee-Rs.4000/-

Transaction ID/DD NO: \_\_\_\_\_ Date \_\_\_\_\_ Amount Rs. \_\_\_\_\_

Bank drawn on \_\_\_\_\_

Please enroll me as the Life member of the **Society of Toxicologic Pathology - India** and acknowledge the receipt.

Place:

Date: \_\_\_\_\_ Signature \_\_\_\_\_

(FOR OFFICE USE ONLY)

Type of Membership Granted:  Primary Membership  Associate Membership

PERMANENT LIFE MEMBERSHIP NUMBER: \_\_\_\_\_

**Treasurer**

Society of Toxicologic Pathology - India (STP-I)

**Note:** Online transfer to **UPI ID:** sotpi.05@idfcbank or **IDFC Bank**, A/C Name: Society of Toxicologic Pathology-India, Savings A/C # 10043918618, IFSC: IDFB0042383 or at par cheque/draft is to be drawn in favour of **Society of Toxicologic Pathology - India (STP-I)**, payable at Vadodara or and sent to Email: stpi.india@gmail.com, Mobile: +91 63521 83618 /+91 9538370426.