

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):

SUBSCRIPTION PARTICULARS: Life membership fee Rs. 2500/-

CHEQUE/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)

PERMANENT LIFE MEMBERSHIP NUMBER: _____

Treasurer

Society of Toxicologic Pathology - India (STP-I)

NOTE: Complete the above membership form and forward along with at par cheque/draft drawn in favour of **Society of Toxicologic Pathology - India (STP-I)**, payable at Vadodara to Dr. Satish Panchal, Sun Pharma Advanced Research Co. Ltd., 907/4, GIDC Makarpura, Makarpura Industrial Estate, Vadodara-390010. Mobile: +91 98253 19421.

Online transfer details: IDFC Bank, A/C Name: Society of Toxicologic Pathology-India, Savings A/C # 10043918618, IFSC: IDFB0042383. Intimation of online transfer with filled membership form to be emailed to stpi.india@gmail.com and satish.panchal@gmail.com.