



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/-

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: The at par cheque/draft is to be drawn in favour of **Society of Toxicologic Pathology - India (STP-I)**, payable at Vadodara or Online transfer to IDFC Bank, A/C Name: Society of Toxicologic Pathology-India, Savings A/C # 10043918618, IFSC: IDFB0042383 and sent to Email: stpi.india@gmail.com, Mobile: +91 9825319421