



INDIAN SOCIETY FOR RATIONAL PHARMACOTHERAPEUTICS

HEAD OFFICE: Department Of Pharmacology, Lady Hardinge Medical College, New Delhi-110001, India

Membership form

Date:

Name (CAPITALS) Dr.
Father/Husband's name
Date of birth (DD/MM/YYYY)
Corresponding address
.....
.....

Academic qualifications:
MBBS-MEDICAL COLLEGE.....State.....

Registration No. (MCI/Other Councils, etc.)

Additional qualification with specialty: MD/PhD

Designation
Place of work/Institution
Phone no. Off (with STD)Res.(with STD).....M.....

Email ID (CAPITALS)

Proposed by

- 1) Name..... Membership No..... Signature
- 2) Name..... Membership No..... Signature

Membership fee Rs. Paid by DD/Cheque/Cash/NEFT (A/C details on site).....

Dated..... Cheque/DD no.in favour of

“Treasurer, **Indian Society for Rational Pharmacotherapeutics**” payable at New Delhi.

Life Membership Rs 4000; Annual Subscription Rs 500.

I hereby undertake that I will abide by the rules and regulations of the society.

Signature:

Name: