

# Life Membership Form



I wish to become a member of the Society of Pharmacovigilance, India. I have read the constitution of the academy and agree to abide by it.

1. Name:
2. Educational Qualifications:
3. Address:
  - (i) Office:
  - (ii) Residence:
  - (iii) Mobile No:
  - (iv) Email ID:
4. Are you actively engaged in work concerning Pharmacovigilance?
5. Field of Specialization:
6. Type of membership desired (Please tick the following option):

Life Membership: 5000/-

Ordinary/Annual Membership 1000/-

Dated:

Signature:

Note: (1) The admission fee of Rupees Fifty shall be chargeable at the initial admittance to the Society. The subscription for ordinary membership is valid for calendar year and shall become due on the 1<sup>st</sup> January each year.

(2) All the payments be made either in cash/demand draft in favour of “Society of Pharmacovigilance, India”, payable at **Canara Bank** (Sikandara, Agra) and should be sent/mailed to the Treasurer. Please add Rs. 45/- for outstation cheques. Online payment can be made to the A/C No: 110109031582 (IFSC: CNRB0006030). A copy of the payment may be sent to the email ID of the Secretary, SoPI: rahmansz@yahoo.com

Dr. Parul Agarwal, Treasurer, SoPI  
Purushottamdas Savitridevi Cancer Care & Research Center  
605, Neerav Nikunj, Agra-Delhi Bypass Road, Sikandra, Agra 282007 (UP)

## For Office Use Only

Membership No.....

Type of membership:.....

Date:

Treasurer