



INDIAN SOCIETY FOR VETERINARY SURGERY
MEMBERSHIP FORM

Membership Fees	₹ 2,000/-
Demand Draft/ Cheque No. and Date	
Issuing Bank	

Affix recent
photograph

1. **Name (In block letters):**
2. **Father's/ Husband's Name:**
3. **Date of Birth:**
4. **Nationality:**
5. **Marital Status:** Married/ Unmarried (**Spouse name:**
6. **Present Mailing Address:**

Pin code:

Ph. No.: **Mob:** **E-mail:**

7. **Permanent Address:**

Pin code:

Ph. No.: **Mob:** **E-mail:**

8. **Academic Qualification:**

S. No	Degree	Year	University	Area of specialization
1.	B.V.Sc. & A.H.			
2.	M.V.Sc.			
3.	Ph.D			
4.	Post-Doc			
5.	Any other			

9. **Registration No. of State VCI:**
10. **Present Position/ Occupation:**
(Teaching/ Research/ Extension/ Private Practice/ State/ Central Service)
11. **Foreign Visits, if any and purpose of visit:**
12. **Awards/ Honours/ Recognitions:**
13. **Languages Known:** Read: Write: Speak:
14. **Hobbies:** (i) (ii) (iii)

Signature of the Applicant

15. **Nominated by (for new members only)**

- | | |
|-------------------------------|-------------------------------|
| i. Signature: | i. Signature: |
| ii. Name: | ii. Name: |
| iii. Life Membership No. | iii. Life Membership No. |

For office use only

Membership No.: Life/ Annual

Note: Please send complete form along with Demand Draft of ₹ 2,000/- drawn in favour of **Treasurer/ Joint Secretary**, Indian Society for Veterinary Surgery, Hisar and payable at **State Bank of India, HAU Branch, Hisar** (Branch Code: 1566)