

**INDIAN ASSOCIATION OF VETERINARY MICROBIOLOGISTS IMMUNOLOGISTS  
AND SPECIALISTS IN INFECTIOUS DISEASES  
(IAVMI)**

**APPLICATION FORM FOR MEMBERSHIP**

To,

**The General Secretary**  
Indian Association of Veterinary Microbiologists  
Immunologists and Specialists in Infectious Diseases

Sir,

I want to become Life member of IAVMI, I agree to abide by the rules and regulations of the IAVMI as in force from time to time. I am herewith remitting Rs. 1510/- (Foreign –US\$ 700/-) as subscription fee for Life Membership as per the details given below:

- i. D.D./Cheque\* details: No.: \_\_\_\_\_ Date: \_\_\_\_\_ Bank: \_\_\_\_\_
- ii. Cash/M.O. Details: \_\_\_\_\_
- iii. Name of the Office: \_\_\_\_\_  
bearer to whom remitted

Name (in block letters): \_\_\_\_\_

Signature: \_\_\_\_\_

Qualification: \_\_\_\_\_

Age: \_\_\_\_\_

Major Field of interest: \_\_\_\_\_

Designation: \_\_\_\_\_

Full Address (in block letters) \_\_\_\_\_

With e-mail and Phone No. \_\_\_\_\_

Institute: \_\_\_\_\_

**Note:** The application form duly filled along with the membership fees through Bank Draft/Cheque, payable at State Bank of India, CARI Branch, Code 7027, should be sent to the Editor, C/o Avian Diseases Section, Indian Veterinary Research Institute, Izatnagar, Bareilly – 243 122 (U.P.), India

\*Should you desire to send the amount by cheque, please add Rs. 50/- to the above mentioned sum as bank charges.

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**(FOR THE USE OF IAVMI CENTRAL OFFICE ONLY)**

Date : \_\_\_\_\_

Membership No. : \_\_\_\_\_

Membership Accepted/Not Accepted

Remarks : \_\_\_\_\_

Place : \_\_\_\_\_

**GENERAL SECRETARY**