



MEMBERSHIP FORM

To,
The Secretary, SPER



Sir,

Kindly enroll me as 'Member' of the
Society of Pharmaceutical Education & Research [SPER]

PLEASE MAKE ALL ENTERIES IN BLOCK LETTERS

Name:

Prof./Dr./Mr./Mrs./Ms.....
[First] [Middle] [Surname]

DOB:..... Blood group:..... Sex:.....

Designation:..... Nationality:.....

Academic Qualification [attach photocopy of highest degree received]:

Degree	Year of Passing	Name of Institute	University
D.Pharm./B.Pharm./BDS/B.Sc.			
M.Pharm./M.S./MDS/ M.Sc.			
MBBS/MS/MD/Pharm. D.			
Ph.D./D.Sc.			

Specialization:.....

University/College/Affiliation:.....

Complete permanent address with Pin code:

Mobile:..... E-mail:.....

Membership information:

I wish to apply as [tick (√) the appropriate box]:

- Honorary Life Member
- Patron Rs. 50,000
- Life Member Rs. 2,100
- Life Member [Senior citizen] Rs. 1,100
- Life Member [Foreign] US \$ 200
- Institutional Member Rs. 7,000
- Student Member [Annual] Rs. 500

Payment method:

Cheque / Demand draft [DD]:

Please make all cheque / Demand draft [DD] in favour of "Society of Pharmaceutical Education & Research" payable at Gwalior.

Outstation bank charges additional Rs. 50.

Membership fee information:

Bank Name:

Demand draft (DD)/cheque no.:.....

Date:.....

Reference [if any]:

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I agree to abide by the rules & regulations of Society of Pharmaceutical Education & Research.

Date:

Signature of the Applicant

Kindly send the completed membership application form along with the membership fee through demand draft (DD)/cheque to:

Dr. Upendra Nagaich
 Secretary
 Society of Pharmaceutical Education & Research [SPER]
 22-C, Jawahar Colony, Kampoo, Gwalior-474001 [M.P.] India

For office use only:

Membership no.:

Date:

Hon. Secretary