

LIFE MEMBERSHIP FORM

Indian Society for Advancement of Canine Practice (ISACP)

(Registered Under Society Act 21 of 1860)

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I Dr. being a veterinarian wish to enroll myself as a life member of ISACP by paying the prescribed membership fee of Rs.1000.00* I declare that I shall abide with the By-Laws of the society as amended time to time and would not indulge in any activity subversive to ISACP. Following are my brief particulars which are true to the best of my knowledge.



(Note: Fill this Form in Block Letters)

1. Name.....
2. Father's Name.....
3. Date of Birth.....
4. Educational Qualification with years **B.V.Sc.** (PassingYear.....) **M.V.Sc.** (PassingYear...../Subject.....) **Ph.D.** (PassingYear ... /Subject.....) Any other (Year & Subject.....).
5. Home Address.....
.....
Pin:Cell/Telephone.....
E.mail.....
6. Mailing Address.....
.....
City.....Pin Code.....
State.....Cell/Telephone.....
E.mail.....
7. Official Designation: Post.....Organization.....

8. Professional Accomplishments :

- a. Service Experience (beginning with current position).....
.....
.....
- b. Honours (Citations, Awards, Fellowship: give any best four)
 - i.....
 - ii.....
 - iii.....
 - iv.....
- c. Membership of Professional Organization (give position if any)
 - i.....
 - ii.....
 - iii.....
 - iv.....
- d. If any other relevant information(s).....
.....
.....

Date

Signature of Applicant.....

(For ISACP Secretariat's records)

Membership of Dr.....is accepted/ could not be accepted because ofand his/her name has been enlisted in the state ofat serial no..... of life member's register.

Secretary General
ISCAP

Received the life membership fee of Rs. vide cash receipt no.....dated.....

Treasurer
ISCAP

The Demand Draft for the Life Membership fee should be in the name of "Indian Society for Advancement of Canine Practice" payable at Lucknow.

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