

13. Detail of payment [Cash / Cheque / Demand Draft payable to Society of Basic Medical Sciences, Salem]

Amount (Rs.) ----- Draft No.----- Dates: ----- Bank and Branch Name :-----

14.Undertaking : I-----an applicant to the Annual / Life Membership of Society of Basic Medical Sciences hereby attest that the information provided are true to the best of my knowledge and belief. On acceptance of my membership, I shall abide by the rules of the society and shall strive to uphold the dignity and objectives of the society. I also agree to pay the membership fees and other dues as required from time to time.

Signature

For Office Use only

Received on:

Verified on:

Cash / Draft Amount :

Money Receipt No :

Remarks by Secretary Office - Accepted / Rejected

Kindly send the membership form complete in all respects with the enclosures to the Secretary :

**Dr. R. Indra Priyadharsini,
Professor & HOD of Microbiology,
Secretary – Society for Basic Medical Sciences,
Vinayaka Mission's Kirupananda Variyar Medical College,
Seeragapadi,
Salem – 636 308.
e-mail : priyabhasker@gmail.com**