

APPLICATION FOR SMRM MEMBERSHIP

To
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I wish to become a Member of Society for Mitochondrial Research and Medicine (SMRM). I enclose here with Life membership fee Rs_____ (Rs. 1500 for academia / Rs. 5000 for corporate). Demand Draft drawn on.....as my membership contribution (Demand Draft should be drawn in favour of “Society for Mitochondrial Research and Medicine”, payable at Hyderabad).

NAME IN FULL (Block Letter):

Academic Qualification:

Designation:

Field of Specialization:.....

Residential Address:.....

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Residential Telephone No.....**E-mail**.....

Office Address:.....

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Office Telephone No.....**E-mail**.....

Introduced by:.....

Signature:

Date:

FOR OFFICIAL USE ONLY

Remarks.....

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Membership No.

Admission on:.....

Date:

Signature

(SMRM Official)