

## APPLICATION FOR SMRM MEMBERSHIP

**A filled application scan copy and online transaction details must be sent to Secretary, SMRM  
email: [srmr@ccmb.res.in](mailto:srmr@ccmb.res.in)**

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). Online transaction (NEFT/ RTGS/ UPI using given QR code) on.....as my membership contribution (Bank Details: State Bank of India; A/C NO: 30998339895; Account name : SOCIETY FOR MITOCHONDRIL RESEARCH AND MEDICINE; IFSC code: SBIN0007109 and MICR code: 500002024; Branch: HMT Nagar, Nacharam, Hyderabad-500 076).



**NAME IN FULL (Block Letter):** .....

**Academic Qualification:** .....

**Designation:** .....

**Field of Specialization:**.....

**Residential Address:**.....

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

**Office Address:**.....

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

**Introduced by:**.....

**Signature:**

**Date:**

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**FOR OFFICIAL USE ONLY**

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**Remarks**.....

**Membership No.** .....

**Admission on:**.....

**Date:**

**Signature**

**(SMRM Official)**