Veterinary Internal and Preventive Medicine Society

(*Revolutionizing the animal health*)
Office- Sector- 1, 125-Radhapuram Estate, Mathura-281004 (U.P.)
(A Society Regd. Under the Societies Registration Act (XXI) OF 1860 with Registration No. MAT/07824/2018-19)
Contact- 09412826657, 9837082244 E-mail- vipms.med@gmail.com,
Website- http://www.vipms.co.in/

Life Membership Form

To, **Date:**

General Secretary
Veterinary Internal and Preventive Medicine Society
Mathura, UP

Sir,

I whose particulars are given in the proforma hereunder, having fully read and understood the Bye-laws of the **Veterinary Internal and Preventive Medicine Society**, its objects and activities, declare that I fully endorse the utility of the said organization for professional cause. I feel from within my conscience and best judgment that I should be life member of society and contribute toward the achievements of its goals and objects calculated to yield valuable professional benefits. I therefore request the executive committee to admit me as life member of the society on the terms and conditions as set out in the bye laws of the society. I hereby undertake to fully abide by the said terms and conditions in true spirit and to work for and contribute to the advancement of the objects of the society whenever required. I am aware that even fulfilling the essential requirement for the life membership and deposition of life membership fees does not confirmed my membership in the society. **The decision of executive committee is the final to consider my application for life membership.** The requisite membership fee is being remitted with this application.

Name and Signature

Lifetime Membership Application Form

Eligibility Criteria: Essentially either perusing or competed post-graduation in Veterinary Medicine/Veterinary Clinical/Preventive Medicine

Recent photograph

1. Name: Dr.
   Block letters (First Name) (Middle Name) (Last name)
2. Father's Name:
3. Sex (✓): Female Male
4. Date of Birth: (DD/MM/YYYY)
5. Employment Status (✓): Govt. Employee Private Sector Employee
   Self Employed Working in any NGO
   Other (Mention):

6. Educational Qualification: (Attach self-attested photocopy of post-graduation degree. M.V.Sc. students should submit their students ID card and after completion should submit self-attested degree certificate)

Qualification	University/ College	Year of completion
Graduation		
Masters		
Doctorate		
Others		

7. Type of membership (✓): Life Member /Patron /Corporate /Honorary Member (For details refer Society guidelines)
8. Affiliation (Institute):
9. Designation:
10. E. mail and Contact No. (Whatsapp):
11. Membership of any other organization: If, yes give detail- Name, address etc.

12. Payments: Amount Rs. **1500 (One thousand five hundred)** Mode (✓) Any online payment method (Details of transaction……...)
13. Official Address

14. Residential Address

15- Recommendation by life member/patron/founder member:
Name-
VIPM Membership No. (For life member)-
Sign-

Declaration: I hereby confirm that above-mentioned information is true and correct to the best of my knowledge and belief and I understand and agree that the payment under consideration is contribution for life membership is non-refundable and approval of membership is solely depend of Executive Committee decision.
Note: If any member will found indulge in the anti-society activities, his/her membership will be terminated immediately without any further notice.

Place:
Date: (Signature of the Applicant)

Bank details: Name- Veterinary Internal and Preventive Medicine Society.
Bank name: **Punjab National Bank, Farah, Mathura (UP)**. Account No.: **4853002100001570**.
IFSC code: **PUNB0485300 Contact**: Dr. Mukesh Srivastava ; Mob: 09639209737 (Whatsapp); Email: vipms.med@gmail.com