

NATIONAL ACADEMY OF VECTOR BORNE DISEASES

(Regn. No. 19767/199 of 1994 – 95 under societies Registration Act XXI of 1860)
(Regional Medical Research Centre, Bhubaneswar- 751023, India)

MEMBERSHIP FORM

(Kindly fill in the form and send it to : **Dr. R. K. Hazra, Regional Medical Research Centre, Bhubaneswar- 751023, Orissa, India. Phone No.- 91-674-2301416, Mobile: 91-9861173867 E mailrupenkh@yahoo.co.in**)

1. NAME :

2. DESIGNATION :

3. DATE OF BIRTH :

4. ACADEMIC QUALIFICATION :

(Only Post Graduate Degrees)

5. ADDRESS :

a. Present :

(For correspondence)

Phone..... FAX..... Email.....

b. Permanent :

6. EXPERIENCE : Research :

(Total No. of years) Teaching :

Management :

7. TYPE OF MEMBERSHIP & FEES: (Fees send by Draft/ M.O.)

Membership For	Period	Amount (Rupees)	Scientists abroad (US \$)
Annual Member	1 year	300/-	
Student Member	1 year	150/-	
Life Member	Life Time	3000/-	50(SAARC countries) 100 (Others)
Institutional member	Life Time	30,000/-	1000(SAARC countries) 2000 (Others)
Patron	Life Time	By donating more than 50,000/-	By donating more than US\$2000

The membership fee may be sent by bank draft (drawn in favour of Treasurer, National Academy of Vector Borne Diseases, Bhubaneswar) or M.O. to R. K. Hazra, Treasurer, National Academy of Vector Borne Diseases, Regional Medical Research Centre, Bhubaneswar- 751023, Orissa, India. *Sl. No. 2, 3, 4 & 6 are not applicable for institutions.

Place:

Date:

SIGNATURE

