



# SOCIETY FOR ETHNOPHARMACOLOGY

Affiliated to: International Society for Ethnopharmacology, Switzerland

www.ethnopharmacology.in

## MEMBERSHIP FORM

(Please fill the form in Block letter)

1. Name: Dr /Mr./Ms./Mrs.

2. Address for Communication:

Affix a colour photograph

City:  PIN:

Phone No.

Mobile:

E-mail:

3. Designation & Organization:

4. Residential/Permanent address:

City:  PIN:

Phone No.

5. Gender: Male:  Female:  Date of Birth:  /  /

6. Field of Specialization:

7. Student: Yes:  No:

8. Forwarded by the Guide/Head of the Dept/Institute:  
(For student members only)

9. Name of the Affiliated Local Chapter (if any):

10. Academic qualification: (Name of the degree, university/institution and year of passing)

Degree/Subject University/Institute Year

Under Graduate:

Post Graduate:

12. Type of membership applied for (tick in the appropriate box):

i. For Academic institutions, University, research organizations, industry partners and other organization [Minimum 20 Members for 5 years and above]

ii. Regular member [Annual] : Rs. 1000.00

iii. Regular member [5 years] : Rs. 4000.00

iv. Regular member [10 years] : Rs. 7000.00

v. Regular member [20 years] : Rs. 12000.00

vi. Student member [Annual] : Rs. 700.00

vii. Student member [5 years] : Rs. 3000.00

13. Mode of payment Cash/NEFT/ DD/Cheque No.  dated  drawn from (Bank)   
 Rupees  only

Date & Place:

Forwarded by the Coordinator of  
the Affiliated Local Chapter; if any/ Active member of the SFE-India/  
Head of the Dept/Institute

Signature of the applicant

Membership Number:

Validity:

\* DD/Cheque should be drawn in favour of "Society for Ethnopharmacology" payable at Kolkata  
Please send the hard copy of the form and DD/Cheque to the Secretary, Society for Ethnopharmacology, India

SOCIETY FOR ETHNOPHARMACOLOGY

23/3 Saktigarh, Kolkata 700032, India; email: sfeindian@gmail.com

Registered Society under Society Registration Act