



## Membership Form

I wish to become a member of the Society of Pharmacovigilance (India). I Have read the constitution of the society and agree to abide by it.

- Name \_\_\_\_\_
- Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_
- Educational Qualification \_\_\_\_\_
- Address:
  - a. Office \_\_\_\_\_
  - \_\_\_\_\_
  - b. Residence: \_\_\_\_\_
  - \_\_\_\_\_
- **Contacts** \_\_\_\_\_
- Phone with STD Code \_\_\_\_\_ Mobile \_\_\_\_\_
- Email ID \_\_\_\_\_
- Are you actively engaged in work concerning Pharmacovigilance
  - Field of specialization \_\_\_\_\_
  - Date \_\_\_\_\_

\_\_\_\_\_  
Signature

### Note:

- The admission fee of Rupees Fifty only shall be chargeable at the initial admittance to the society.  
The subscription for life membership is Rs. 5500.00/- only.
- All payments be made either in cash or cheque or by Demand Draft (Please add Rs. 100.00 for outstation cheque) in favour of **SOCIETY OF PHARMACOVIGILANCE INDIA**, payable at **GRAMIN BANK OF ARYAVART**, Agra and should be sent along with this form completely filled in.

### Please send this form to

Dr. Parul Agarwal  
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4/11 H. Bagh Farzana Civil Lines,  
Agra,  
E-mail: paruloanto@yahoo.com ; pscrc@rediffmail.com  
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OR To  
Dr. Govind Mohan  
16 Prabhu Nagar,  
Jaipur House, Agra  
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