



# THE SOCIETY OF CROP SCIENTIST AND BIOTECHNOLOGY

VARANASI, INDIA

## Membership Form

Please print this form thereafter fill and tick individually in Capital letters.

New Member :  Renewal :  If yes, Please give your Membership No.

### CONTACT DETAILS:

Salutation: Dr. / Mr. / Mrs. / Ms. / M/s Sur Name : \_\_\_\_\_ First Name : \_\_\_\_\_

Age (DOB): \_\_\_\_\_ Designation: \_\_\_\_\_ Specialization: \_\_\_\_\_

Qualification: \_\_\_\_\_ Department: \_\_\_\_\_

College / Institute / University / Organization: \_\_\_\_\_

### MAILING ADDRESS:

City : \_\_\_\_\_ Pincode : \_\_\_\_\_ Dist. : \_\_\_\_\_ State : \_\_\_\_\_

Country: \_\_\_\_\_ Phone with code : \_\_\_\_\_ Mob. : \_\_\_\_\_

Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_ Website : \_\_\_\_\_

Member Rate : Rs. 7500/-  Annual Member : Rs. 1000/-

Life Member for the students Rs. 2000/-  Single issue : Rs. 500/-

Cash Amount \_\_\_\_\_ Date \_\_\_\_\_

M.O. No. \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Cheq / DD No. \_\_\_\_\_ Date \_\_\_\_\_ drawn on (Bank) \_\_\_\_\_

Favoring "General Secretary, The Society Crop Scientist and Biotechnologist" for Rs. \_\_\_\_\_

Payable at Banaras Hindu University, Varanasi. Kindly add Rs. 80/- for Cheque payable outside Varanasi Station.

The above information is correct to my knowledge and I abide by rules of the Society.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Please return the completed form together with payment to :

Signature with Seal

**Business Manager, Society of Crop Science and Biotechnologist, B31/18 A-1, Lanka, Varanasi (U.P.), India**  
**Mob: +91-9559923122, E-mail: psb.association@gmail.com, psb.editor@gmail.com**  
**Telephone: +91-0542-2367969, Web: www.jbcs.net.in**

### FOR OFFICE USE NLY

Membership No. : \_\_\_\_\_ Amount \_\_\_\_\_ Date of Receipt \_\_\_\_\_

& Membership Period \_\_\_\_\_