

STEM CELL SOCIETY

Registration No. guj/2176/gandhinagar



Membership Form

To, The Executive Committee Stem Cell Society
Please accept my Application of membership for the Stem Cell Society
Life Member
Annual Member
Associate Member
Corporate Member
Signature :
Name :
Date :
Proposed by:
Seconded by :

Name : First _		Surname	
Prefix: Dr.	Prof.	Mr. Ms.	
Qualifications:			
Institution: Na	ıme		
Email Id:			
Mobile No.:		Office No.: ₋	
Address for Corresponden	ce :		

Work done in the Stem Cell Field		
Dublications by Applicant in Call Thorony		
Publications by Applicant in Cell Therapy		

Payment for Membership	
Life Membership	INR 10,000/-
Annual Membership	INR 1000/-
Associate Membership	INR 500/-
Corporate Membership	INR 25,000/-
Payment Method : Please select desire	ed method mode and fill the details below.
Cheque: to be drawn in the name of "Stem Cell Society" and couriered to the following address: Dr. Rohit Kulkarni Unit No 10, Andheri Industrial Estate, Off Veera Desai Road, Andheri West, Mumbai, Maharashtra – 400053. Mob.: +91 9820526618	Bank Transfer: the details for bank transfer are as follows: Name: Stem Cell Society Bank: IDBI Bank Branch: Sion Branch Account type: Current A/C No.: 0188102000014243 IFSC Code: IBKL0000188
Cheque / DD No.	Transaction Date:
Issue Bank Name:	UTR No.:

Please scan and mail this form to stemcellsocietyofindia@gmail.com