Application Form for Membership INDIAN MEAT SCIENCE ASSOCIATION

(Reg. No. 307/2001)

National Research Centre on Meat, Chengicherla, Boda Uppal Post, Hyderabad, 500092, Hyderabad, Andhra Pradesh

(USE BLOCK LETTERS ONLY)

| 1. Name | : | |
|-------------------------------|---------------|--------------|
| 2. Date of birth | : | |
| 3. Educational qualifications | : | |
| 4. Occupation | : | |
| 5. Professional experience | : | |
| 6. Company/Affiliation | | |
| (with address) | : | |
| 7. Communication address | | |
| (with telephone & e-mail) | : | |
| | | |
| 8. Membership category | : | |
| 9. Details of payment | : DD No.: | Date: |
| | Amount (Rs.): | Drawee Bank: |
| | | |
| | | C: |
| | | Signature |

N.B. Payment regarding membership may be sent through a crossed Demand Draft in favour of, Indian Meat Science Association (IMSA), payable at Hyderabad