MICROBIOLOGISTS SOCIETY, INDIA.

**MEMBERSHIP FORM FOR STUDENT**

**(Membership for One/Two years)**

Name of Student - ---------------------------------------------------------------------------------

Subject/Class - ------------------------------------------------------------------------------------------------

Phone no - ------------------------------------------------------------------------------------------------

e-mail - ------------------------------

College Name - -------------------------------------------------- - -----------------------------------------

Home Address - -----------------------------------------------------------------------------------------------

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I am paying Online

* 1. Rs - 150 for One Year [ ]
  2. Rs - 200 for Two Years [ ]

as a Membership fees, I will participate in all activities of Microbiologist Society, India.

Date - Place -

Signature of Student. Signature of Teacher Co-coordinator

Note – Keep this form with HOD of your Department for Record