

APPLICATION FOR SMRM MEMBERSHIP

**A filled application scan copy and online transaction details must be sent to Secretary, SMRM
email: smrm@ccmb.res.in**

I wish to become a Member of Society for Mitochondrial Research and Medicine (SMRM). I enclose here with Life membership fee Rs_____ (Rs. 1500 for academia / Rs. 5000 for corporate). Online transaction (NEFT/ RTGS) on.....as my membership contribution (Bank Details: State Bank of India; A/C NO: 30998339895; Account name : SOCIETY FOR MITOCHONDRIL RESEARCH AND MEDICINE; IFSC code: SBIN0007109 and MICR code: 500002024; Branch: HMT Nagar, Nacharam, Hyderabad-500 076).

NAME IN FULL (Block Letter):

Academic Qualification:

Designation:

Field of Specialization:.....

Residential Address:.....

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Residential Telephone No.....**E-mail**.....

Office Address:.....

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Office Telephone No.....**E-mail**.....

Introduced by:.....

Signature:

Date:

FOR OFFICIAL USE ONLY

Remarks.....

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Membership No.

Admission on:.....

Date:

Signature

(SMRM Official)