

**SOCIETY FOR MICROVITA RESEARCH AND INTEGRATED MEDICINE  
(SMRIM)**

[Registered under Societies Registration Act 28, 1958 (Raj.) No. 73/UDR/08-09]  
(www.microvitamedresearch.com)

Photograph

**MEMBERSHIP FORM**

The Secretary,

I wish to enroll for **Life time membership** of the Society for Microvita Research and Integrated Medicine (SMRIM).

Name (In BLOCK LETTERS) \_\_\_\_\_

Qualification : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Occupation/Profession & Designation : \_\_\_\_\_

Field of Research : \_\_\_\_\_

Official Address : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Phone : (STD Code) \_\_\_\_\_ (Office) : \_\_\_\_\_ Residence : \_\_\_\_\_

Mobile : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail \_\_\_\_\_

Details of Cheque/Draft Rs. \_\_\_\_\_ No. \_\_\_\_\_ Dated \_\_\_\_\_

Ensuing Bank : \_\_\_\_\_

Place & Date :

**Signature of Applicant**

1. **Membership fee** should be paid in the form of Cheque/Bank Draft in favour of "**SMRIM-UDAIPUR**" payable at Udaipur, India or money transfer to the account no. 61054313290 at State Bank of Bikaner and Jaipur (SBBJ), Surajpole, Udaipur, India. Please add Rs. 50/- extra for the outstation cheque.

2. **Life time membership -- Rs. 1500/- (Indian), 100 US \$(Overseas)**  
Affix one recent passport size photograph on the form and attach one with it.

**Official Address :** Secretary, Society for Microvita Research and Integrated Medicine  
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