

**Registration /Application Form to Subscribe the Membership of IJVASC (ISSN 0975-1629)**

**Name of the Applicant/Subscriber-.....** **Fix**  
**Place and Date of the Birth of Applicant-.....** **Photo**  
**Fathers Name.....Mothers Name.....**  
**Date of Application-.....E mail>.....Mobile No.....**  
**Ph.D. Topic of the Applicant.....**  
**Address of the Applicant/Subscriber-.....**

.....  
I (undersigned) wish to subscribe/take the membership\* of IJVASC. I have attached DD. No.....Date.....Name of the Bank.....or deposited/transfer in your account for the same according to fee as mentioned. (In case of membership only -I have also attached my CV and photograph of my portrait.)

**Signature of the Applicant/Subscriber-.....**

\* A Demand Draft of Rs (According to Membership/Subscription/Purchase the copy) in favor of Editor IJVASC payable at Almora and may send by speed or registered post addressed to Dr Shekhar Chandra Joshi, Joshi Villa, Lower Mall Road, Almora, Uttarakhand, Pin- 263 601 or can deposit/transfer directly in the Account, Ac.No.: 10861358326 of Editor IJVASC at the State Bank of India, Mall Road, Almora, Uttarakhand, IFSC Code: SBIN0000605

Note: Dully filled Application form (scanned copy of the same) can also be sent by email to> [joshipti@gmail.com](mailto:joshipti@gmail.com)

**For Office Use Only-**

Receipt Date of Application-.....Kind of Subscription/ Membership.....  
Name of Bank DD issued..... Date of Registration to Subscribe-.....  
Registration No- ..... Period Valid up to- ....., Dues any -.....

**Signature of the Office Staff- .....**