

INDIAN PHYTOPATHOLOGICAL SOCIETY

Membership status : Life *Annual

Surname :

First Name :

Designation :

Qualification :

Address :

City :

PINCODE :

State :

Tel. (Mobile) :

Tel. (Res.) :

Tel. (Off.) :

Fax :

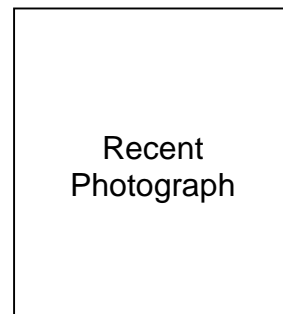
E-mail :

Date of birth :

Area of Specialization (Major):

Allied aspects :

Any other details :



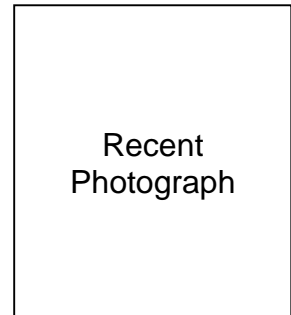
Signature with date

Note: Kindly send this information to **Secretary, Indian Phytopathological Society, Division of Plant Pathology, IARI, New Delhi-110012, India** or send through E-mail: ipsdis@yahoo.com

*Kindly ensure Annual Membership.

One page Profile

Name :



Birth & Education details :	
Positions held (year wise) :	
Awards/Honours Received :	
Research Areas:	
Complete address for correspondence :	