



Institution of Veterinarians of Poultry Industry


Address for Communication: Ground Floor, 147/1&2, Lakshminivas Tower,
Sanjaynagar, Bangalore - 560094. Email: tech@ivpi.in. Web: www.ivpi.in

No:

Membership Form

Member

New Registration

No	Details		Remark
1	Name  Photo	<hr/> <hr/> <hr/> <hr/>	
2	Address-Permanent Phone and Email ID	<hr/> <hr/> <hr/>	
3	Please write your Role in Poultry / Work place / Phone and Email ID	<hr/> <hr/> <hr/>	
4	Vet Qualification & Year	<i>Attach a copy</i>	
5	State Vet Council No	<i>Attach a copy</i>	
6	Membership Fees* <small>For new registrations</small>	Rs.2000.00 – Online payment Ref: _____ or DD No: _____	
Note		Enclose self attested proofs for above information and two recent photos	
Name of the Proposer (IVPI Member)			
Date :		<i>All the information and enclosures provided are true to the best of my knowledge and I abide to the rules and regulations of IVPI.</i>	

Corporation Bank, RMV 2nd Stage Branch; Bangalore;
Account-058200101011201; NEFT-CORP0000582

Signature of applicant

Accepted: Secretary

President