## INDIAN ASSOCIATION OF VETERINARY ANATOMISTS APPLICATION FOR MEMBERSHIP



The Secretary, IA	AVA				
Sir,					
Kindly consider my ap	pplication for Men	nbership of IAVA und	er following Category: (Tid	ck whichever is applicable)	
□National Life Mem	iber $\square$ F	oreign Life Member	☐Annual Nation	☐Annual National Member	
□Annual Foreign Member □Asso		ssociate Member			
Name:					
Permanent Address: .				Paste	
				Passport Size	
•				Photo	
` '		• •			
Fax:		E-mail:			
Date of Birth:					
Academic Qualificat	•				
Degree	Specialization	Name of Insti	tute Year of Passing	Class/Grade/ % Obtained	
Graduation					
Post-Graduation					
Doctorate					
P.G. Diploma					
Others					
Experience:					
Post			No. of Years		
				gnature of Applicant	
Recommendation of	the Life Member	:			
Name with Address: .		•••••	Life Me	mbership No:	
I hereby recommend I	Or./Sri		fo	or enrollment as Member of	
Indian Association of	Veterinary Anator	nists.			

**Signature of Recommending Member**