



Membership Form

Association of Reproductive Genetics and Immunology (ARGI)

Membership is open to any person with an interest in research, teaching or development activities in the areas of Reproductive Genetics and Immunology.

Category: A. Gynaecologist _____ B. IVF Specialist _____
C. Immunologist _____ D. Geneticist _____
E. Research scientist _____

Title: Dr / Mr / Mrs / Prof. Full Name: _____

Specialty: _____ Qualifications: _____

Address: _____

City: _____ State: _____

Pin Code: _____ Mobile Number: _____

Telephone No (with STD code): _____

Email (Mandatory) in CAPITAL LETTERS: _____

Profession/occupation: _____

Adhaar NO: _____ PAN NO: _____

Current Position : _____

Affiliation with Institutions/Societies: _____

Community / Extension Services: _____

Bank Details - Bank Name - Axis Bank Ltd.

Name: Association for Reproductive Genetics and Immunology

A/C No: 925010026608412 | **IFSC Code:** UTIB0000032 | Vastrapur Branch, Ahmedabad

Please submit the membership form along with Cheque/DD to the respective "Association of Reproductive Genetics and Immunology" before the 25th of any month for instant processing of Life memberships.

Scan for Payment



Please Read Membership Rules On: www.argiscientific.org

I enclose here the Cheque / DD No. _____ of _____ (Bank Name) Dated _____ with Membership Form towards Life Membership. I have read the Regulations of ARGI and promise to be abided by it.

I certify that the information submitted here is complete & correct to the best of my knowledge.

Date:

Signature of applicant

Proposed by life member of ARGI, Name _____ Mem.No. _____ Sign _____

Office address : 17, Basement, Sunrise Park, Himalaya Mall to Vastrapur Lake Rd, Bodakdev, Ahmedabad-380054, Gujarat

Office bearers : Administrator - Mukesh Gohel - 6357425315, Accountant - Jigisha Amin - 6358850565

e-mail : argiscientific@gmail.com, Website : www.argiscientific.org