



Application Form for Life/Annual/Associate/Institutional Membership*

Indian Society of Soil Salinity and Water Quality

(Registered under Societies Act. XXI of 1860)

(Registration No. ROS-088, Dated: 6-8-2008)

Registered Office: ICAR-Central Soil Salinity Research Institute, Zarifa Farm, Karnal-132001 (Haryana), India

- Name of the Applicant _____
(In Block Letters) (Surname) (First name) (Middle name)
- Designation or Position: _____
- Name & Address of the Organization: _____

- Mailing Address: _____

- Telephone No. (Prefix ISD/STD code) Office: _____ Residence: _____
Fax: _____ Mobile: _____ E-mail: _____
- Permanent Address: _____

- Date of Birth: _____ Nationality: _____
- Academic Qualifications: _____
- Field of Specialization: _____

I/We hereby apply for Life/Annual/Associate/Institutional Membership of the Indian Society of Soil Salinity and Water Quality. The details of the Online transaction/NEFT/Demand Draft/ Cheque are as follows:

DD/ Online Transaction No: _____ Name of Bank: _____

Dated _____ Amount Rs. _____

I/We testify that the above statements are correct and agree that if admitted, I/we shall be governed by the Rules and Regulations of the Indian Society of Soil Salinity and Water Quality as long as I am / we are member(s). I/we further agree to promote the objectives of the society as far as shall be within my/our power and that, if my/our membership is discontinued, I/we shall return any means of new membership identification I/we may have received from the society and remit upon resignation any unpaid fees or dues owing to the society. I/we further undertake to abide by either professional conduct rule or code that the Society may frame from time to time. (*Strike through which are not applicable*).

Date: _____

(Signature of the Applicant)

S. No.	Category of Membership*	Subscription Rate	
		Inland (₹)	Foreign (\$)
1.	Life Member	4,000	250
2.	Annual Member	450	50
3.	Student Member (for one year)	250	25
4.	Institutional Members (Lump sum for 30 years)	25,000	-
5.	Institutional Members (Annual)	3,500	-

DD/Cheques (Crossed) are payable to "Indian Society of Soil Salinity and Water Quality" Karnal. Please add Rs. 100/- for outstation cheques.

Please mail the completed form along with remittance online NEFT/Bank draft/Local cheque/Cash to: **Dr. Suresh Kumar, Treasurer, Indian Society of Soil Salinity and Water Quality, ICAR-Central Soil Salinity Research Institute, Kachhwa Road, Karnal-132001 (Haryana), India**

Phone: +91-184-2209418/2293078 (O), Fax: +91-184-2290480; **Whatsapp No; 9958461923**

E-mail: issswq2008@gmail.com; skdeswrti@gmail.com

You can also deposit through online

Name of Bank: State Bank of India,

Main Branch, The Mall, Karnal

Account holder name: ISSSWQ

Saving Account No: 30451467955

IFSC code: SBIN0000665

For Office use only

Proposed by: _____

Seconded by: _____

Admitted on _____

General Secretary _____