

# INDIAN SOCIETY OF CITRICULTURE

ICAR - CENTRAL CITRUS RESEARCH INSTITUTE  
AMRAVATI ROAD, NAGPUR - 440 033  
MAHARASHTRA, INDIA



## MEMBERSHIP APPLICATION FORM

1. Name : \_\_\_\_\_
2. Correspondence Address : \_\_\_\_\_  
(Complete address including pin code)
3. Permanent Address : \_\_\_\_\_  
(Complete address including pin code)
4. E-mail : \_\_\_\_\_
5. Mobile No. : \_\_\_\_\_
6. Highest Degree : \_\_\_\_\_
7. Field of Specialization : \_\_\_\_\_
8. Nationality : \_\_\_\_\_
9. Date of Birth : \_\_\_\_\_

10. Membership Category : *Please put tick mark (✓) on appropriate check box*

Patron	<input type="checkbox"/>	Life Member (India)	<input type="checkbox"/>	Life Member (SAARC Countries)	<input type="checkbox"/>
Life Member (Other than SAARC Countries)	<input type="checkbox"/>	Life Member (Indian Students limited to 5 years)	<input type="checkbox"/>	Corporate Member	<input type="checkbox"/>
Others (Please specify your occupation _____ )					<input type="checkbox"/>

11. Payment Details of Membership Fee : Transaction Ref./ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Demand Draft No.: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

Place:

*Signature*

**Please send the Membership Form to "The Secretary, Indian Society of Citriculture, ICAR-Central Citrus Research Institute, Amravati Road, Nagpur – 440 033, Maharashtra, India" by speed post/registered post/courier service OR Email the Scanned Copy of the Signed Application Form to [isccri@gmail.com](mailto:isccri@gmail.com).**