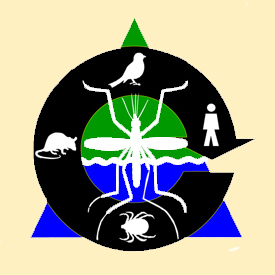
**Society For Vector Ecology**



**(Indian Region)**

(Registered No. 250/GOA/2017 under the Societies Registration Act, 1860)

**Registration Form**

|  |  |  |
| --- | --- | --- |
| 1 | Name |  |
| 2 | Date of Birth |  |
| 3 | Gender |  |
| 4 | Student/Research Fellow (Yes/No) |  |
| 5 | Designation and Affiliation |  |
| 6 | Postal Address |  |
| 7 | State / Province |  |
| 8 | Country |  |
| 9 | Passport Number / Adhaar Number /PAN card |  |
| 10 | Email Id |  |
| 11 | (Country Code) Mobile / Landline / Fax Number |  |
| 11 | Whether Member of SOVE (Yes/No) |  |
| 12 | Registration Fee (USD / INR) |  |
| 13 | Accompanying Person ( Yes / No) |  |
| 14 | Payment details by Direct Bank Transfer to SOVE Account (Details mentioned on next page) |  |
| 15 | Name of the bank |  |
|  | Branch Name and Code |  |
|  | Amount Transferred |  |
|  | Date of Transfer |  |
|  | Transection No. |  |

When complete, post to: Society for Vector Ecology (Indian Region), ICMR-National Institute of Malaria Research, Field Unit Goa, Directorate of Health Services Building, Campal, Panaji, Goa-403001, India. Phone:+91 0832-2222444/2421406.Please send a PDF copy byEmail to**sovecongoa2019@gmail.com**