



Pharma Talk Research Foundation

(A Society truly dedicated to development of rural, health and education)

Membership Form

Paste
Passport
Size
Photograph

(Note: Kindly Fill in Block Letters)

Name of Candidate

Father's Name

Date of Birth

Gender

Name of Institute & Address (Full Name of Institute)

City

State

Residential Address

PIN

City

State

PIN

Phone No.

Mob. No.

Email ID(In Block Letters)

Current status

- Industry professional*
 Sales & marketing professional
 Hospital pharmacist
 Student pharmacist
 Clinical pharmacist
 Research scholar
 Teacher
 Other pharmacist
 Other

Registered Address:

Pharma Talk Research Foundation

Sec 9, Indira Nagar

Lucknow – 226016

(Uttar Pradesh) India

Phone No. : +91-9999853068, 09648111109, 09935603068,

Website: www.ptrf.in/



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Yours suggestion for PTRF (Optional)

I hereby declare that above information is true and I will abide by the rules & regulations of PTRF, which may change from time to time.

(Signature of the candidate)

Note

❖ **Life time membership fee for**

- Students Rs 1000/-
- Teachers Rs 1500/-

❖ **Annual membership fee for**

- Students Rs 500/-
- Teachers Rs 1000/-

Mode of payments (in favour of “Pharma Talk Research Foundation”, Lucknow, Uttar Pradesh)

- By Debit/Credit Card, Net Banking, Cash Card, Phone Pay
- Direct Transfer
- Demand Draft

Account Name- Pharma Talk Research Foundation

Account Number- 1657 101 000 95865

Bank Name- Union Bank of India

Branch- Alambagh, Lucknow

Branch Code- 001657

IFSC Code- UBIN0816574

MICR Code- 226011004

Note:- The Director, Principal, Head of department, Physicapped, Gold medalist, Cancer patients, widows, University toppers will get free membership providing submission of relevant documents.

Registered Address:

Pharma Talk Research Foundation

B-2 K-63, GRAH ENCLAVE PHASE 3,

CHINHAT, LUCKNOW, UP-226028, IND

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