



## HIMALYAN PHYTOPATHOLOGICAL SOCIETY

Department of Plant Pathology,  
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**The Secretary**  
**Himalyan Phytopathological Society**  
**Department of Plant Pathology**  
**Dr Y.S. Parmar University of Horticulture and Forestry,**  
**Nauni-173230, Solan, Himachal Pradesh, India**

Dear Sir,

I wish to enroll myself as Annual Member/ Life Member/ Corporate Member (**Annual Membership- Rs. 500; Life Membership- Rs. 10,000; Corporate Membership- Rs. 10000**) of the **HIMALYAN PHYTOPATHOLOGICAL SOCIETY**. My personal and contact details are as follows:

Name (in Block letters) .....

Designation .....

Date of Birth .....

Area of specialization .....

Address (in Block letters) .....

.....

City ..... State..... Pincode .....

Mobile No. .... Fax ..... E-mail .....

Recent  
Photograph

**I agree to comply by the Rules and Regulations enshrined in the constitution of the Society.**

**Yours faithfully,**

The Membership fee can be deposited in the Saving Bank Account of the Society by using the following details:

Name of the Account Holder	Himalyan Phytopathological Society
Name of the Bank	UCO Bank
Name of the Branch	Nauni, Solan, Himachal Pradesh
Account Number	0969100001689
IFSC Code	UCBA0000969