## **SOCIETY FOR ETHNOPHARMACOLOGY**



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Mob No: E-mail:		
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7. Student: Yes: No:		
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9. Academic qualification: (Name of the degree, ur	niversity/institution and year of pas	sing)
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PhD:		
10. Contribution in the field of Ethnopharmacology	y (If any – you may add as annexur	e)
11. Number of Research /Review articles:	Book/Book chapter: Pater	nts (if any):
12. Type of membership applied for (tick in the applied for the application)		
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\* DD/Cheque should be drawn in favour of "Society for Ethnopharmacology" payable at Kolkata Please send the hard copy of the form and DD/Cheque to: Secretary, Society for Ethnopharmacology, School of Natural Product Studies, Jadavpur University, Kolkata 700032, India