



Date of Birth  /  /

Marital Status (Married/Unmarried)

Put (✓) in the appropriate box  
Type of Membership

Fellow Membership

Annual Membership

Life Membership

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**UNDERTAKING**

Certified that the information given in the form are true to the best of my knowledge. I shall abide by all the rules and regulations of the Society of Food Science and Nutrition.

Place.....

Date  /  /

Applicant's Signature

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MAIL THE APPLICATION FORM

To

**Dr. Akhil Gupta**

President

Society of Food Science and Nutrition

H. No. 3, Pocket - H34, Sector - 3, Rohini, Delhi - 110085, India

E-mail: info@foodsciencesociety.com Website: www.foodsciencesociety.com

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**MEMBERSHIP FEES**

**Fellow Membership:**

**Total: ₹ 5,500/- or US \$100**

**Life Membership:**

**Total: ₹ 3,500/- or US \$60**

**Annual Membership:**

**Total: ₹ 500/- or US \$10**

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**For office use only**

Membership No.

Date of Admission  /  /

Receipt No.

Date of Dispatch  /  /

Signature  
(President)