

MEMBERSHIP APPLICATION FORM
INDIAN SOCIETY OF HAEMATOLOGY & BLOOD TRANSFUSION

Secretariat Address: Prof. M Mahapatra, Hon. General Secretary, ISHBT
Department of Hematology, A.I.I.M.S.
New Delhi- 110029

For Office Use: Membership No. Life/Annul member Date:
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* 1. NAME: First Name Middle Name Surname

* 2. ADDRESS :

CITY.....STATEPIN.....

Office Address :

E-Mail:.....Residence Tel . No.....

3. Date of birth Nationality Sex : Male/Female

* 4. **Qualification** **Name of University** **Qualifying year** **PHOTOCOPY ENCLOSED**
MBBS

* MD

PhD

* 5. Professional positions held (recent)

1) from to

2) from to

* 6. Your work primarily related to: Patient care? Teaching? industry? Research? NGO?
(Tick (May be more than one))

Any Other field (write clearly):

* 7. Where did you get Training in Haematology / Oncology in India / Abroad?

8. Publications: Books, Chapters in Books, Journals (Attach additional sheet)

I agree to abide by the rules and regulations of Indian Society of Haematology & Transfusion Medicine.

I am enclosing D/D/No.....Dtd. Bank

Branch Amount Rs..... ,

Drawn in favor of "Indian Society of Hematology and Transfusion Medicine, Payable at NEW DELHI

Signature of Proposer

Name :

Membership No.:

Signature of Seconder

Name :

Membership No.:

Signature of the Applicant

DATE:.....

ALL DETAILS MARKET with (*), MUST BE FILLED UP. Otherwise, there will be delay in giving membership.

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