

Beneficiary Name- Indian Society of Haematology and Blood Transfusion.

Signature of Proposer

Signature of Seconder

Signature of the Applicant

Name :

Name :

Membership No.:

Membership No.:

DATE:.....

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

Subscription: LIFE MEMBER subscription: Rs. 5000/-