MEMBERSHIP APPLICATION FORM
INDIAN SOCIETY OF HAEMATOLOGY & BLOOD TRANSFUSION

Secretariat Address: Prof. M Bhattacharya, Hon. General Secretary, ISHBT
Institute of Haematology & Transfusion Medicine, Medical College, Kolkata - 700073

For Office Use:
Membership No.
Life/Annul member

1.Name……

* **2. ADDRESS :** …….

CITY……..……STATE ……..…..PIN……

Office Address **: ……**

E-Mail:……**Residence Tel . No……**

3. Date of birth **Nationality** **Sex : Male/Female**

*** 4. Qualification**	**Name of University**	**Qualifying year**	**PHOTOPCOPY ENCLOSED**
MBBS			
***MD**			
DM			
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 Haematology and Blood Transfusion , Payable at KOLKATA
Or pay online- Bank-PNB,College Street branch, Kolkata Account No.-0835010159920 IFSC-PUNB008400
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.
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