MEMBERSHIP APPLICATION FORM

INDIAN SOCIETY OF HAEMATOLOGY & BLOOD TRANSFUSION

**For Office Use: Membership No.** Life/Annul member Date:

**Secretariat Address: ISHBT Office**

 **88,College Street,Medical College and Hospital**

 **Institute of Haematology & Transfusion Medicine**

 **3rd Floor,MCH Building,Kolkata-700073**

* **1. NAME**: First Name Middle Name Surname

**\* 2. ADDRESS :** ……………………………………………………………………………….

CITY……………….……STATE ………………………..…..PIN……………

Office Address **: …………………………………………………………………………………………………**

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

1. **Date of birth Nationality Sex : Male/Female**
* **4. Qualification Name of University Qualifying year PHOTOPCOPY ENCLOSED**

MBBS

\* MD PhD

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* **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 Blood Transfusion, Payable at Kolkata

|  |  |  |
| --- | --- | --- |
| **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/-**