MEMBERSHIP APPLICATION FORM
INDIAN SOCIETY OF HAEMATOLOGY & BLOOD TRANSFUSION

Secretariat Address: **Prof.M.Bhattacharyya Hon.Secretary,ISHBT**
88,College Street,Medical College and Hospital
Institute of Haematology & Transfusion Medicine
3rd Floor,MCH Building,Kolkata-700073

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

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

*** 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			
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 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/-