



# Indian Society of Paediatric Radiology

Founded December 2003 Pondicherry

## Membership Form

### **A. Member Details**

Full Name (Block Letter) : .....

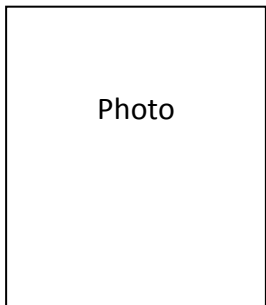
Medical Registration no : .....State.....

Institution : .....

Mailing Address (Office) .....

.....

.....Pin .....



Phone No. ....

Fax No. ....

Email ID. ....

Mobile .....

Mailing Address (Residence) .....

.....

Pin ..... Phone No. ....

Mobile ..... Date of Birth .....

Email ID .....

Qualifications I) .....Year.....

II) .....Year .....

III) .....Year .....

All correspondence to be addressed to : [ ] Office [ ] Residence

**B. Method of Payment**

For Membership Amount :  
Mode of payment : Cheque/DD Cheque/DD No. & Date.....  
In Favour of  
**Indian Society of Paediatric Radiology**  
.....  
Online Payments may be made to - (Name of the Bank)  
INDIAN SOCIETY OF PAEDIATRIC RADIOLOGY  
.....  
Bank Of Baroda (DD No. & Date)  
S/B A/C no - 05280100026047  
.....  
IFSC - BARB0MOUNTR  
.....  
(please attach payment proof along with the application)  
.....  
(Place of issue)

**C. Associate Member**

Name of the Member .....  
Name of Speciality .....

**D. Declaration :**

I have studied (Name of the course) .....  
Of..... during (Academic Year) .....  
I am eager to join the **Indian Society of Paediatric Radiology.**

Place: Date: (Signature)

	<u>Admission fees</u>	<u>Total</u>	
<b>As life Member</b>	<b>Rs. 4000/- + 500/- + (Plus 18% GST) =</b>	<b>5310/-</b>	<b>(Radiologist)</b>
<b>Associate Member</b>	<b>Rs. 2500/- + 500/- + (Plus 18% GST) =</b>	<b>3540/-</b>	<b>Surgeon, Physician, Paediatrician &amp; Other Imaging Specialists) (Allied Health Professionals Interested in Paediatrics)</b>

<p><b>Please send your application + Cheque/DD + MD/DNB &amp; Registration certificate to :</b></p> <p><b>Dr. Kushaljit S Sodhi (sodhiks@gmail.com)</b>  Secretary I S P R  Deptt. of Radiodiagnosis, PGIMER  Chandigarh ,Sector 12, Chandigarh – 160012, India  Website - <a href="http://www.ispronline.in">www.ispronline.in</a></p>	<b>Treasurer</b>
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**For Office use only**

Membership No ..... Receipt issued / Not issued  
No. ....