

Indian Society of Paediatric Radiology

Founded December 2003 Pondicherry Membership Form

34(0)/H007(3H00344)-*	
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)	
Qualifications	Pin Phone No
	Mobile Date of Birth
	Email ID
	I)Year
	II)Year
	III)Year

Office

Residence

All correspondence to be addressed to :

B. Method of Payment					
For Membership Amount :					
Online (Preferred) Mode of payment: Cheque/DD	Cheque/DD I	Cheque/DD No. & Date			
In Favour of					
Indian Society of Paediatric Radiology					
Online Payments may be made to - INDIAN SOCIETY OF PAEDIATRIC		(Name of the Bank) (DD No. & Date)			
RADIOLOGY Bank Of Baroda S/B A/C no - 05280100026047 IFSC - BARBOMOUNTR					
(please attach payment proof along with the application)			Place of issue)		
C. Associate Member					
Name of the Member					
Name of Speciality					
D. <u>Declaration</u> :					
I have studied (Name of the course)					
OfI am interested in Paediatric Radiology, I will abide by the Constitution.					
Place:	Dat	:e:	(Signature)		
Admis	ssion fees	<u>Total</u>			
As life Member : Rs. 8000/- + 14	140/- (18% GST) =	9440/-	(Radiologist		
Associate Member: Rs. 3000/- + 54	IO/- (18% GST) =	3540/-	Surgeon, Physician, Paediatrician 8		
			Other Imaging Specialist		
			(Allied Health Professional		
			Interested in Paediatric		
		•••••			
Please send your application + Cheque/DD + MD/DNB & Registration certificate to :			Treasurer		
Dr. Sridhar Gibikote (isprmembership@gmail.co	om)				
Department of Radiology					
CMC Hospital, Vellore 632004, India					
Website - www.ispronline.in					
	For Office use of	only			
Membership No	Red	ceipt issued / I	Not issued		
		No			