



Indian Society of Paediatric Radiology

Founded December 2003 Pondicherry

Membership Form

A. Member Details

Full Name (Block Letter) :

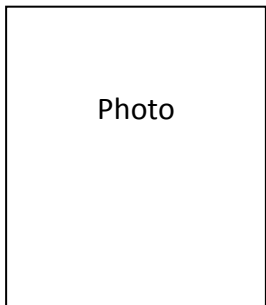
Medical Registration no :State.....

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

<p>Please send your application + Cheque/DD + MD/DNB & Registration certificate to :</p> <p>Dr. Sridhar Gibikote (gibikote@gmail.com) Secretary I S P R Department of Radiology CMC Hospital, Vellore 632004, India Website - www.ispronline.in</p>	<p>Treasurer</p>
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For Office use only

Membership No Receipt issued / Not issued
No.