APPLICATION FOR MEMBERSHIP OF

THE INDIAN SOCIETY OF ANAESTHESIOLOGISTS

(FOUNDED IN 1947)

For your ID first Alphabet:_____ /Life /Life Associate

NAME

FATHER'S NAME

ADDRESS

CITY DISTRICT

STATE PIN

STD CODE PHONE MOBILE

E-MAIL ID

BLOOD GROUP DATE OF BIRTH DD/MM/YYYY

MEDICAL REGISTRATION NO & STATE

QUALIFICATIONS	COLLEGE	UNIVERSITY	YEAR PASSED
M.B.B.S			

APPOINTMENTS

PROPOSED BY DR ISA NO SIGNATURE

SECONDED BY DR ISA NO SIGNATURE

CITY BRANCH STATE BRANCH

Money to be sent by DD / At par Cheque in favour of "**Indian Society of Anaesthesiologists**" payable at Secunderabad.

PAYMENT DETAILS:

D D No / At par Cheque / Online Transaction No._____

Dated_____Bank_____Amount Rs_____

ALONG WITH THE DRAFT PLEASE ENCLOSE:

1. 2 Passport size photo (please write your name in caps at the back of the photos)
2. Copy of **1.** Medical Registration Certificate for anaesthesia Qualification **2.** University Degree/ Diploma /National Board Certificate (please tick)
3. For Associate Member – **1**. Copy of MBBS certificate **2.** Medical Registration Certificate
4. **For Online Deposit** : A/C No – 30641669810 , STATE BANK OF INDIA , Secunderabad , Lalaguda Brach IFSC Code - SBIN0007112.

Date of Application_____

Forwarded by_____City /State branch_____SIGNATURE OF THE APPLICANT

Signature of Branch Secretary with Seal._____

SUBSCRIPTION

LIFE MEMBER – Rs. 5000/-

OVERSEAS MEMBERSHIP

LIFE MEMBERS – US $ 500/- ORDINARY MEMBER – US $ 100/- VISITING MEMBER – US $ 50/-

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(FOR COMPUTER / OFFICIAL USE – PLEASE FILL IN BLOCK LETTERS.)

ISA NO _____ TYPE OF MEMBERSHIP: LIFE ASSOCIATE / LIFE

RECEIPT NO & DATE _____ AGBM DATE_____

DR (MAJOR) M V BHIMESHWAR
Hon. Secretary – ISA (HQ),
Secretariat: Plot No 12- 13 – 662 , Flat No : 101 , Pallavi Residency , Street No : 14 , Lane No : 1 ,
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