

# INDIAN SOCIETY OF NEPHROLOGY

## Membership Form

Last name	First name	Middle Name
<b>Name</b>		
<b>Date of birth</b>	<b>Sex</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	

### Qualifications

Degree	Year of passing	Institute/University
MBBS		
MD/MS		
DM/DipNB/MCh		
Others (specify)		

### Addresses Work

Job title		
Institution/Hospital		
Address		
City	Pin	State
Tel	Fax	E-mail

### Home

City	Pin	State
Tel	Fax	E-mail

<b>Preferred mailing address</b>	Work <input type="checkbox"/>	Home <input type="checkbox"/>
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### Academic appointment

Full time                       Part time                       None

### Primary Institutional Affiliation

Medical                      Private multispecialty    Armed Forces                       Solo/group practice   
 College/Institute                       hospital

### Professional interests (tick as many as applicable)

Adult nephrology <input type="checkbox"/>	Pediatric nephrology <input type="checkbox"/>	Pathology <input type="checkbox"/>	Medical education <input type="checkbox"/>
Physiology <input type="checkbox"/>	Pharmacology <input type="checkbox"/>	Urology <input type="checkbox"/>	Hemodialysis <input type="checkbox"/>
Transplantation <input type="checkbox"/>	Cell/molecular biology <input type="checkbox"/>	Radiology <input type="checkbox"/>	Peritoneal Dialysis <input type="checkbox"/>

Membership of other Professional Bodies
1
2
3
4
5
6

**Signature**

**Place**

**Date**

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	Proposed by	Seconded by
Signature		
Full name		
Membership no.	LM#	LM#
Place		
Date		

**Fee details** (Rs. 2000 for Indian and US\$ 200 for overseas applicants)

DD no.	Drawn on	(Bank name)
Dated		(Branch)
In favor of <i>Indian Society of Nephrology</i> payable at Lucknow		

**Mail completed application form with supporting documents (photocopy of MD, DM/DNB degree, experience certificate in the field of Nephrology) to Prof. Narayan Prasad, Hon. Secretary, Indian Society of Nephrology, Department of Nephrology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Raebareli Road, Lucknow 226014, INDIA.**

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**For Office Use**

Considered at Governing body meeting at \_\_\_\_\_ on.

Admitted as \_\_\_\_\_ member (Membership number \_\_\_\_\_).

Rejected because of \_\_\_\_\_

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President

Secretary