

INDIAN SOCIETY OF NEPHROLOGY

Membership Form

Last name	First name	Middle Name
Name		
Date of birth	Sex 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

Preferred mailing address	Work <input type="checkbox"/>	Home <input type="checkbox"/>

Academic appointment

Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	None <input type="checkbox"/>
------------------------------------	------------------------------------	-------------------------------

Primary Institutional Affiliation

Medical College/Institute <input type="checkbox"/>	Private multispecialty hospital <input type="checkbox"/>	Armed Forces <input type="checkbox"/>	Solo/group practice <input type="checkbox"/>
--	--	---------------------------------------	--

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

	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 Secretary, <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 Dr. Shyam Bihari Bansal, Secretary, Indian Society of Nephrology, Director and Head, Department of Nephrology & Renal Transplant, Medanta – The Medicity, Choudhary Baktawar Singh Road, Sector 38, Gurugram, 122001.

For Office Use

Considered at Governing body meeting at _____ on.

Admitted as _____ member (Membership number _____).

Rejected because of _____

President

Secretary