

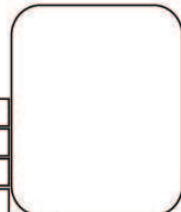


APPLICATION FOR MEMBERSHIP OF
THE INDIAN SOCIETY OF ANAESTHESIOLOGISTS

(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 Kasaragod.

PAYMENT DETAILS:

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

Dated _____ Bank _____ Amount Rs _____

ALONG WITH THE DRAFT PLEASE ENCLOSE:

- 2 Passport size photo (please write your name in caps at the back of the photos)
- Copy of 1. Medical Registration Certificate for anaesthesia Qualification 2. University Degree/ Diploma /National Board Certificate (please tick)
- For Associate Member - 1. Copy of MBBS certificate 2. Medical Registration Certificate 3. Bonafide Certificate
- For Online Deposit :** A/C No - 30641669810 , STATE BANK OF INDIA , Kasaragod, Kerala
Brach IFSC Code - SBIN0006715

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/-

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

ISA NO _____ TYPE OF MEMBERSHIP: LIFE ASSOCIATE / LIFE

RECEIPT NO & DATE _____ AGBM DATE _____

Dr Venkatagiri K M

Hon. Secretary – ISA National , Mob : +91 9388030395

"Ashwathi" Opp Ayyappa Temple, Nullippady, Kasaragod, Kerala – 671121. India

Tele: 04994 – 227395, Mob : +91 9400133456, Email: isanhq@isaweb.in