

INDIAN SOCIETY FOR THE STUDY OF PAIN
INDIAN CHAPTER OF INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN
Reg. No.: U.P./470/84-85
LIFE MEMBERSHIP FORM

Full Name: Dr / Mr / Mrs
(in block letters) (Surname) (Name) (Middle Name)

Sex: Male / female **Age:** years, **Date of Birth** **Blood group:**.....

Qualification (University &Year of passing)

Specialization: **Registration No.:**

Designation:

Special Interest in field of pain: Pain Relief.....

Permanent Address:

.....
Pin..... State..... Phone.....

Correspondence Address :.....

.....
Pin..... State..... Phone.....

E-mail ID:.....**Mobile No:**.....

I agree to abide by the rules & regulation of Indian Society for The Study of Pain.

I wish to join INDIAN SOCIETY FOR THE STUDY OF PAIN as life member/Associate Member and enclose Cheque / D.D.

No. drawn on Date..... Bankfor
Rs.....

(Drawn in favor of Indian Society for The Study of Pain) towards subscription for the life Membership.

Date:

Signature of Applicant

1. Sponsor's SignatureISSP LM No
Name

2. Sponsor's SignatureISSP LM No
Name

✓ **Life Membership Fees:** Within India: Rs 5000/-
○ Outside India: US \$ 250/-

✓ **Associate Membership Fees:** Within India: Rs 3500/-
○ Outside India US\$ 150

✓ P.S. Outstation Cheque should be accompanied by Rs.100/- extra as bank charges.

✓

✓ Send two passport size photographs for I card.

✓

✓ Cheque / DD in favour of "Indian Society for The Study of Pain" payable at Hyderabad.

Form to be sent to..

Dr Muralidhar Joshi, Hon Secretary, Indian Society for The Study of Pain
102, Naveena Residency, Plot No39A, Road No2, Filmnagar, Jubilee Hills,
HYDERABAD-500096

Email: issphq@gmail.com Mob: +91 99490 49946 Res: Ph: +91 -40-23555124

For Office Use: Receipt No & Year..... LM No..... ALM No.... ..
LF No.....