

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..... Bank
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 5100 /- (Including Rs 100 for ID Card)

○ 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 New Delhi

Bank Details

A/c No. : 90682010114209

Holder Name : Indian society for the study of pain

IFSC Code : SYNB0009109

Bank : Syndicate Bank

Branch : Dwarka sector 12 new delhi

Form to be sent to..

Dr. Pankaj N Surange, Hon Secretary, Indian Society for The Study of Pain IPSC India, II Floor, Plot No-147, Palam Exten, Ramphal Chowk, Sector-7 Dwarka, New Delhi

Email: <mailto:issphq@gmail.com> Mob: +919599495514

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

LF No.....