

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 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. 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:missphq@gmail.com> Mob: +919599495514

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