

**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 Signature .....ISSP LM No .....  
Name .....

2. Sponsor's Signature .....ISSP 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:issphq@gmail.com> Mob: +919599495514

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