

INDIAN SOCIETY FOR THE STUDY OF PAIN

INDIAN CHAPTER OF INTERNATIONAL ASSOCIATION FOR THE STUDY OF PAIN
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 for
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.
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- Send two passport size photographs for I card.
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- Cheque / DD in favour of "Indian Society for The Study of Pain" payable at Hyderabad.

Form to be sent to..

Dr Pravesh Kanthed, Hon Secretary, Indian Society for The Study of Pain ,203-204, Manglam Pearl, 633-B.New Palasia, Indore-452001(M.P.)
India
Email: issphq@gmail.com Mob: +91 930144 4007

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