

**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.....

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 .....

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

**Date**

**Signature of Applicant**

1. Sponsor's Singnature ..... ISSP LM No.....  
Name .....

2. Sponsor's Singnature ..... ISSP LM No.....

Name.....

- ✓ **Life Membership Fees:** Within india Rs. 6018 /- (including 18% GST & Rs 100 for Id Card)  
Outside India US\$ 250/-
- ✓ **Associate Membership Fees:** Within india Rs. 4130 /- (incl. 18% GST & Rs 100 for Id Card)  
Outside India US\$ 150/-
- ✓ P.S. Outsttion 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

IFCS Code : CNRB0002074

Bank : Canara Bank

Branch : Palasia point, Indore – 452001

**Form to be sent to.**

Dr. Pravesh Kanthed, Hon Secretary, Indian Society for The Study of pain. IPSC India, Meru Spine and Pain Centre 203-204, Manglam Pearl, 633-B, New Palasia Indore (MP) -452001

Email: [issphq@gmail.com](mailto:issphq@gmail.com) Mob: +91 888-999-8301

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







.....

.....

.....

.....