

MEMBERSHIP FORM

INDIAN SOCIETY OF PERINATOLOGY AND REPRODUCTIVE BIOLOGY (ISOPARB)

Founded in 1978

Reg. No. 71 of 1978-1979 under the Societies Registration Act 21 of 1860

IMA BUILDING, DR. A. K. N. SINHA PATH, SOUTH EAST OF GANDHI MAIDAN, PATNA – 800 004 (BIHAR) Website : www.isoparb.org, Email : isoparbpatna@gmail.com RECENT PASSPORT SIZE PHOTOGRAPH

Dear Sir / Madam,

Kindly enroll me as Life Member/ Annual Member of the Indian Society of Perinatology and Reproductive Biology.

I am sending **Rs. 8,000/- as Life Membership Fee** / **Rs. 2,000/- as Annual Membership Fee** by Cash / NEFT/ at par Cheque / Demand Draft payable to "**Indian Society of Perinatology and Reproductive Biology**" payable at Patna.

Full Name : Dr.			
(Block Letters)	(First name)	(Middle Name)	(Surname)
Date of Birth	Date	Month	Year
Sex :	Male Female	Type of Membership : 1	ife Annual
Address of Communication:			
(IN BLOCK LE	TTERS)		
City:	Dist	State	:
Zone :	PIN Code		
Contact Nos.	Mobile:Alternate No.:		
	Email:		
Qualification:	GraduatePost Graduate		
	MBBS Registration N	oand Registra	tion Year
Type of Practice	General S	pecialist 🔲 Specialist in	
Name of ISOPARB City Chapter			
Bank Details for	A/C No. 13524	408115, IFSC : CBIN028131	8,
Details of Dema	and Draft /Cheque encl	osed :	
Draft/ Cheque	e No. Date of issue	Name of issuing Bank and	Branch Amount
	Date of Birth Sex Address of Com (IN BLOCK LET) City: Zone : Zone : Contact Nos. Qualification: Type of Practice Name of ISOPA Bank Details for Transaction No Name of the Ba Details of Dema	(Block Letters) (First name) Date of Birth Date Sex Male Female Address of Communication: (IN BLOCK LETTERS) (IN BLOCK LETTERS) City: Dist. Zone : Dist. Zone : Dist. Qualification: Graduate MBBS Registration Name of ISOPARB City Chapter Bank Details for NEFT: A/C No. 1352 Bank Details for NEFT: A/C No. 1352 Bank & Brand Transaction No. / UTR No. Name of the Bank and Branch Details of Demand Draft /Cheque encl	(Block Letters) (First name) (Middle Name) Date of Birth Date Month Sex : Male Female Type of Membership : L Address of Communication:

Date: ____

Signature of the applicant: _____

This form alongwith the fee may be sent to:

Dr. Pragya Mishra Choudhary, Secretary General, ISOPARB

Nulife Test Tube Baby Centre, Annie Besant Road, Opposite- Patna College, Patna – 800 004 (Bihar) Contact No. 09835273668, Email: pragyamishra@hotmail.com with a copy to isoparbpatna@gmail.com Note: Copy of NEFT Details and Proof of Qualification must be attached.