

## **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	<b>Type of Membership</b> : 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.