

INDIAN SOCIETY OF NEPHROLOGY

Membership Form

Last name	First name	Middle Name
Name		
Date of birth	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	

Qualifications

Degree	Year of passing	Institute/University
MBBS		
MD/MS		
DM/DipNB/MCh		
Others (specify)		

Addresses Work

Job title		
Institution/Hospital		
Address		
City	Pin	State
Tel	Fax	E-mail

Home

City	Pin	State
Tel	Fax	E-mail

Preferred mailing address	Work <input type="checkbox"/>	Home <input type="checkbox"/>
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Academic appointment

Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	None <input type="checkbox"/>
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Primary Institutional Affiliation

Medical College/Institute <input type="checkbox"/>	Private multispecialty hospital <input type="checkbox"/>	Armed Forces <input type="checkbox"/>	Solo/group practice <input type="checkbox"/>
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Professional interests (tick as many as applicable)

Adult nephrology <input type="checkbox"/>	Pediatric nephrology <input type="checkbox"/>	Pathology <input type="checkbox"/>	Medical education <input type="checkbox"/>
Physiology <input type="checkbox"/>	Pharmacology <input type="checkbox"/>	Urology <input type="checkbox"/>	Hemodialysis <input type="checkbox"/>
Transplantation <input type="checkbox"/>	Cell/molecular biology <input type="checkbox"/>	Radiology <input type="checkbox"/>	Peritoneal Dialysis <input type="checkbox"/>

Membership of other Professional Bodies
1
2
3
4
5
6

Signature

Place

Date

	Proposed by	Seconded by
Signature		
Full name		
Membership no.	LM#	LM#
Place		
Date		

Fee details (Rs. 2000 for Indian and US\$ 200 for overseas applicants)

DD no.	Drawn on	(Bank name)
Dated		(Branch)
In favor of Secretary, <i>Indian Society of Nephrology</i> payable at Lucknow		

Payment Option: NEFT/RTGS: Account Name: Secretary, Indian Society of **Nephrology**, **Account No.** 10095236894, **Bank name:** State Bank of India, **Branch:** SGPGIMS, Lucknow, **IFSC Code:** SBIN0007789

Mail completed application form with supporting documents (photocopy of MD, DM/DNB degree, experience certificate in the field of Nephrology) to Prof. Narayan Prasad, Hon. Secretary, Indian Society of Nephrology, Department of Nephrology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Raebareli Road, Lucknow 226014, INDIA.

For Office Use

Considered at Governing body meeting at _____ on.

Admitted as _____ member (Membership number _____).

Rejected because of _____

President

Secretary