

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

Home

Academic appointment

Full time

Part time

None

Primary Institutional Affiliation

Medical College/Institute Private multispecialty hospital Armed Forces Solo/group practice

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 <i>Indian Society of Nephrology</i> payable at Chandigarh.		

Mail completed application form with supporting documents (photocopy of MD, DM/DNB degree, experience certificate in the field of Nephrology) to Dr. Vivekanand Jha, Secretary, Indian Society of Nephrology, Department of Nephrology, Postgraduate Institute of Medical Education and Research, Chandigarh 160 012, INDIA.

For Office Use

Considered at Governing body meeting at _____ on.

Admitted as _____ member (Membership number _____).

Rejected because of _____

President

Secretary