

APPLICATION FORM FOR MEMBERSHIP OF INDIAN SOCIETY OF TRANSFUSION MEDICINE

Secretariat Address : Dr. Manisha Shrivastava
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For Office Use:
Scrutiny Committee: Y/N
Membership No.
Life / annual member

1. NAME First Name Middle Name Surname

2. POSTAL ADDRESS:

CITY.....STATE.....PIN.....Office Tel. No.

Residence Tel. No. Mobile No. E-Mail

Paste self attested
photograph

3. Date of birth Nationality Sex : Male/Female

4. Qualification Name of University Qualifying year PHOTOCOPY

MBBS

DCP/DIBT

MD / DNB

M.Sc., PhD (Life Sciences)*

*Working in Blood Centre/Immunohematology

(ATTACH SELF ATTESTED PHOTOCOPY PROOF OF QUALIFICATIONS)

5. Professional positions held:

6. Training / experience obtained in Transfusion Medicine (in India / Abroad)

7. Additional Information (Publications, Honours etc.): (Attach short list)

Subscription: (CHOOSE ONE)

LIFE MEMBER subscription: Rs. 5,000/-

LIFE MEMBER subscription
(After three consecutive yrs. Annual membership) Rs. 3,000/-

ANNUAL MEMBER subscription: Rs. 2,000/ year (To pay each year to retain membership. Otherwise will expire)

ANNUAL LIFE MEMBER subscription (For Post
Graduate students has been reduce to Rs.3000/-with
Immediate effect)

Rs.3000/- (To avail this opportunity, the completed new Registration Form must
be accompanied with endorsement letter from respective Head Of The Department On
Institutional Letterhead Format Attached)

I agree to abide by the rules and regulations of Indian Society of Transfusion Medicine.

I am enclosing DD/No. _____ Amount in Rs. _____ Dtd. _____ Bank
_____ Branch _____,
drawn in favor of "Indian Society of Transfusion Medicine, Payable at LUCKNOW

Signature of the Applicant

DATE:.....

GUIDELINES:

1. **MUST** give your postal address in complete, including PIN
2. **MUST** attach your certificate copies (minimum qualification M.B.B.S), otherwise membership will **NOT** be accepted.
3. **Must** attach a **DRAFT** for all out-station (outside Lucknow) candidates

BANK DETAILS:

Current Account No. 31726235905
Name: Indian Society of Transfusion Medicine
SBI
SGPGI Branch
IFSC Code: SBIN0007789
Branch code: 7789