

**ISSH MEMBERSHIP FORM**  
**Life Membership Application Form**

Name (In block letters): \_\_\_\_\_

Qualification : \_\_\_\_\_

Address: \_\_\_\_\_

(in block letters) \_\_\_\_\_

\_\_\_\_\_

Telephone & Fax No : \_\_\_\_\_

Email : \_\_\_\_\_

Name & Address of the: \_\_\_\_\_

Institution : \_\_\_\_\_

\_\_\_\_\_

Present Post Held: \_\_\_\_\_

Speciality (tick): **General Surgery / Orthopaedics / Plastic Surgery / Rehabilitation**

Experience in Hand : \_\_\_\_\_

Surgery \_\_\_\_\_

Field of Interest : \_\_\_\_\_

Specify Remarks (if any) : \_\_\_\_\_

<p>Proposed by (Name in block letters) : _____</p> <p>Life Member, ISSH</p>	<p>Signature : _____</p> <p>Designation : _____</p> <p>Membership No. : _____</p>
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**Date :**

**(Signature) :**

Please return this form after completion along with the Life Membership subscription fee of Rs. 7500/- by cheque or draft (**For outstation membership please send cheque for Rs: 7600/-**) in the name of " Indian Society for Surgery of the Hand" or you can make payment by NEFT to the following account:

**Bank Name:** Bank of Baroda, Nashik Main Branch

**Bank Details is A/c Name –** Indian Society for Surgery of the Hand,

**Bank A/c No:** 41810100000701

**IFSC CODE:** BARB0NASIKC (Fifth Character is Zero)

(If you make payment by NEFT, please send us acknowledgementslip along with membership form on rajendranehete@gmail.com)

**Secretariat- Dr Rajendra Nehete, Secretary,ISSH.**

Vedant Hospital, Shreehari Kute Marg, Near Mumbai Naka,

Nashik- 422 002, Hosp: 0253-2313811/2576360 Mob: 94239 71725