INDIAN SOCIETY FOR SURGERY OF THE HAND

APPLICATION FOR MEMBERSHIP

Applicant Details: *USE ONLY CAPITAL LETTERS PLEASE*

Full name:

Given name first

Gender: M ☐ F ☐ Birthdate: ☐☐/☐☐/☐☐ Mobile: +91 ☐☐☐☐☐☐☐☐☐☐

E Mail ID:

Qualification:

Only degree/diploma

Address:

City:

State: PIN:

Proposed by:

Membership ID of proposer: ☐☐☐☐☐☐ Mobile of Proposer: +91 ☐☐☐☐☐☐☐☐☐☐

E Mail ID:

Signature of the Proposer:

Date: ☐☐/☐☐/☐☐☐☐ Signature of the Applicant::

For office use only:

Application Scrutinised by:

Signature of office bearer

Date of Ratification: ☐☐/☐☐/☐☐☐☐

Place of Ratification:

seal

Membership Number Allotted: ☐☐☐☐☐☐

***Payment Details*:** Mode of Payment: Cheque ☐ NEFT ☐ IMPS ☐

Date: ☐☐/☐☐/☐☐ Chq # / Trans. ID:

Drawee Bank:

- **Please make a membership payment of Rs 7500/- by NEFT/IMPS or Rs 7750/- by cheque**
- **CASH PAYMENTS WILL NOT BE ACCEPTED**
- **Bank Account Details:**
  Account Name: Indian Society for Surgery of the Hand
  Bank & Branch: State Bank of India, Kilpauk Branch, Chennai
  Bank a/c No: 64161223755 **IFSC :** SBIN0040297
- Take print of the above form & send scanned copy of the filled form to secretary@issh.org along with details of online/cheque payment.
- If paying by cheque – please deposit the cheque of the correct amount in the nearest branch of Bank of Baroda.
- Donot deposit cash. It will not be acknowledged.
- In case of any query please write to secretary@issh.org or message/call on +91 982 789 1234