



APPLICATION FOR MEMBERSHIP OF THE INDIAN SOCIETY OF ANAESTHESIOLOGISTS

For Your Id First Alphabet :

Name

Address

City District

State Pin

STD Code Phone Mobile

E-mail ID

Blood Group Date of Birth

Medical Registration No. & State

Qualification	College	University	Year Passed
M.B.B.S.			

Appointments

Special Interest

Proposed By Dr ISA No. Signature

Seconded By ISA No. Signature

ISA Branch / Direct STATE

Money to be sent by **DD** in favour of **INDIAN SOCIETY OF ANAESTHESIOLOGIST** Payable at
Kakinada(Andhra Pradesh-533003)

D.D. No. Dated Bank Amount Rs.

Along with the draft please enclose :

1. 2 Stamp size photos (Please write your name in caps at the back of the photos).
2. Copy of Medical Registration Certificate for Anesthesia Qualification / University Degree / Diploma / National Board Certificate (please tick)
3. For Associate member copy of MBBS certificate
Date of Application

Forwarded by City / State Branch

SIGNATURE OF THE APPLICANT

Signature of Br. Secretary with seal

Membership Fee

Life Member / Associate - Rs. 5000/- (+ one time enrollment fee of Rs. 50/-)

Overseas Member - US \$ 500/- (+ One time enrollment fee of US\$ 5)

(FOR COMPUTER/OFFICIAL USE - PLEASE FILL IN BLOCK LETTERS)

ISA No. Type : Life/Associate/Overseas

Receipt No. & Date AGBM Date

Please Mail

Dr. Sanjoy Das

Secretary, ISA Delhi Branch

Department of Anesthesiology & Critical Care

Hindu Rao Hospital, Delhi - 110007