



INDIAN SOCIETY PEDIATRIC NEPHROLOGY

Application for Life Membership

1. Name in full _____
2. Date of birth _____
3. Qualification _____
4. Designation _____
5. Office address _____

- Phone _____ Fax _____
6. Home address _____

- Phone _____ Fax _____
7. E-mail address _____
8. Membership of _____
Indian Society of Nephrology
International Pediatric Nephrology Association
IAP, other specialties
9. Proposed by _____ Seconded by _____

10. I agree to abide by rules and regulations of the Indian Pediatric Nephrology Group.

Place

Date

Signature

Life member Rs 1,000 by demand draft drawn in favor of **Indian Society of Pediatric Nephrology**, payable at New Delhi or wire transfer to A/C Indian Society of Pediatric Nephrology, A/C no. 30125160164 IFS Code SBIN0001536. Email transfer details to aditisinghaaiims@gmail.com. Mailing address for draft/ form: Dr Aditi Sinha, Honorary Joint Secretary, Indian Society of Pediatric Nephrology, RNo. 3061 Department of Pediatrics, All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029