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 aditisinhaaiims@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

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