

MEMBERSHIP FORM
Life Membership Application Form

Name (in block letters) : _____

Qualification : _____

Address : _____
(in block letters)

Telephone & Fax No : _____

E mail : _____

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>_____</p> <p>Life Member, ISSH</p>	<p>Signature</p> <p>: _____</p> <p>Designation</p> <p>: _____</p> <p>Membership No:</p> <p>_____</p>
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Date :

(Signature)

Please return this form after completion along with the Life Membership subscription fee of Rs. 5,000/- to the **Honorary Secretary and Treasurer**

For outstation membership please send cheque for Rs:5100/-

Dr. Santosh Rath
F 35/A B.J.B Nagar Bhubaneswar.
Orissa - 751 014
Mobile: 09437035656
Email: handsurgery.rath @ gmail.com

Payment either in cash (or) by cheque or bank draft in favour of **INDIAN SOCIETY FOR SURGERY OF THE HAND** payable at Bhubaneswar.

For Electronic transfer the bank details are as follows

Name of the Bank: Federal Bank, Bhubaneswar

IFSC code: FDRL0001232

Account No: 12320100080652

The membership fee can be deposited in to this account from any bank in India. Through RTGS/NEFT