Indian Society for Primary Immune Deficiency

Proposal for Membership of the Society

Please fill in the form with BLOCK letters in blue or black ink or type

Name (in full)

First

Middle

Surname

Date of Birth **Age** **Gender** M F **Nationality** Indian Foreign

Affiliation and work place

Pin code

Email

Qualifications

Specialization

Total experience in subject (in years) **Special interest**

Address (Residence)

Pin code Mobile

Membership applied for

○ Annual (INR 500/-) ○ Associate (INR 5000/-) ○ Life member (INR 5000/-) ○ Corporate (INR 20000/-) ○ Foreign life member (USD 200/INR 10000)

ISPID membership number
(For existing members)

Mode of Payment: Cheque/Demand Draft/Cash/Online Transfer. Demand draft payable to the Indian Society for Primary Immune Deficiency payable at Chandigarh]. In case of Online transfer, kindly quote bank transaction id.

Amount (in INR)	Draft no./bank transaction id	Dated	Bank and branch name

For online transfer: Account Number 31470440398 of Indian Society for Primary Immune Deficiency,
IFSC Code SBIN0001524, SWIFT Code: SBININBB443, MICR Code:160002007
State Bank of India, Medical Institute Branch, Sector -12, Chandigarh, India

Undertaking: I _____ , an applicant to the Annual/ Associate/ Life/ Corporate membership of Indian Society for Primary Immune Deficiency hereby attest that the information provided is true to the best of my knowledge and belief. On acceptance of my membership, I shall abide by the rules of the association and shall strive to uphold the dignity and objectives of the association. I also agree to pay the membership fee and other dues as may be required.

Date: Signature _____

For Office Use Only

Received on: Verified on: Draft amount: Receipt no. Treasurer

Remarks by Secretary Office: GBM ratification: Accepted/Rejected on: