



## Indian Society for Pediatric and Adolescent Endocrinology (ISPAAE) Application Form for Life Membership

First Name:

Middle Name:

Last Name:

Sex:  Male  Female

E-mail id:

Date of Birth (DOB):    (DD/MM/YYYY format)

Nationality:  Indian  Other

IAP membership:

Professional Designation:

Official Address:

Pincode:

Phone:

Mobile:

Home Address:

Pincode:

Phone:

Mobile:

Preferred address for correspondence:  Home  Office

Qualifications	University	Qualifying Year
MBBS	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DCh	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
MD (please specify Medicine/Pediatrics/Other )	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other (Degree and subject)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Special area of interest in endocrinology:



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### Application Form for Life Membership

- |                                  |   |                                  |
|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Pituitary      | <input type="checkbox"/> Adrenal |
| <input type="checkbox"/> Growth  | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Gonad   |
| <input type="checkbox"/> Puberty | <input type="checkbox"/> Calcium / Bone | <input type="checkbox"/> Other   |

Present position:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Clinical | <input type="radio"/> Government <input type="radio"/> Private  |
| <input type="checkbox"/> Teaching | <input type="radio"/> Yes <input type="radio"/> No              |
| <input type="checkbox"/> Research | <input type="radio"/> Government <input type="radio"/> Industry |
| <input type="checkbox"/> Trainee  | <input style="width: 100%;" type="text"/>                       |

Membership of any other medical societies:

Details of payment cheque:

Date(dd/mm/yyyy):

Bank:

Amount(in INR):

Cheque of Rs 3000.00 (for life members) and Rs. 1500.00 (for associate members) is to be made in favor of "Indian Society for Pediatric and Adolescent Endocrinology, A/c # 000701255104", and dropped in any ICICI Bank drop box in your city. The membership form should be filled online (with payment details) and the pdf generated should be emailed to Dr Rajni Sharma, Joint Secretary, ISPAE at [drrajnisharma@yahoo.com](mailto:drrajnisharma@yahoo.com). A copy of this should also be emailed to the Secretary Dr Anurag Bajpai at [dr\\_anuragbajpai@yahoo.com](mailto:dr_anuragbajpai@yahoo.com)

Declaration: I agree to abide by the rules and regulations of the Indian Society for Pediatric and Adolescent Endocrinology in force from time to time.

Place:

Date:

Applicant's Signature