



Indian Society for Pediatric and Adolescent Endocrinology (ISPAE)

Application Form for Life Membership

| | |
|---------------------------|---|
| First Name: | <input type="text"/> |
| Middle Name: | <input type="text"/> |
| Last Name: | <input type="text"/> |
| Sex: | <input type="radio"/> Male <input type="radio"/> Female |
| E-mail id: | <input type="text"/> |
| Date of Birth (DOB): | <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY format) |
| Nationality: | <input type="radio"/> Indian <input type="radio"/> Other |
| IAP membership: | <input type="text"/> |
| Professional Designation: | <input type="text"/> |



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Official Address:

Pincode:

Phone:

Mobile:

Home Address:

Pincode:

Phone:

Mobile:

Preferred address for
correspondence:

Home Office



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| Qualifications | University | Qualifying Year |
|---|----------------------|----------------------|
| MBBS | <input type="text"/> | <input type="text"/> |
| DCh | <input type="text"/> | <input type="text"/> |
| MD (please specify Medicine/Pediatrics/Other) | <input type="text"/> | <input type="text"/> |
| Other (Degree and subject) | <input type="text"/> | <input type="text"/> |

Special area of interest in endocrinology:

- Thyroid Pituitary Adrenal
- Growth Diabetes Gonad
- Puberty Calcium / Bone Other

Present position:

- Clinical Government Private
- Teaching Yes No
- Research Government Industry
- Trainee

Membership of any other
medical societies:

Details of payment
cheque:



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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 Leena Priyambada, Joint Secretary, ISPAAE at leenapriyambada@gmail.com. A copy of this should also be emailed to the Secretary Dr Ahila Ayyavoo at ahila.ayyavoo@gmail.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