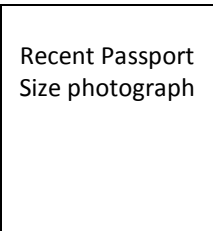


# INDIAN SOCIETY OF ORGAN TRANSPLANTATION

## Membership Form



<b>Name</b>	Last Name	First Name	Middle Name
<b>Date of birth</b>			Sex    Male <input type="checkbox"/> Female <input type="checkbox"/>

### Qualifications

Degree	Year of Passing	Institute/University
MBBS		
MD/MS		
DM/DipNB/MCh		
Others(Specify)		

### Address

#### Work

Job Title			
Institution/Hospital			
Address			
City	Pin	State	
Tel	Fax	Email	

#### Home

City	Pin	State	
Tel	Fax	Email	

<b>Preferred mailing address</b>	Work <input type="checkbox"/>	Home <input type="checkbox"/>
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<b>Academic appointment</b>		
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	None <input type="checkbox"/>

<b>Primary Institutional Affiliation</b>			
Medical College/Institute <input type="checkbox"/>	Private multispecialty <input type="checkbox"/>	Armed Force <input type="checkbox"/>	Solo/group practice <input type="checkbox"/>
Hospital			

<b>Professional interests (tick as many application)</b>			
Adult Nephrology <input type="checkbox"/>	Pediatric Nephrology <input type="checkbox"/>	Pathology <input type="checkbox"/>	Medical Education <input type="checkbox"/>
Physiology <input type="checkbox"/>	Pharmacology <input type="checkbox"/>	Urology <input type="checkbox"/>	Hemodialysis <input type="checkbox"/>
Transplantation <input type="checkbox"/>	Cell/Molecular biology <input type="checkbox"/>	Radiology <input type="checkbox"/>	Peritoneal Dialysis <input type="checkbox"/>

Kidney <input type="checkbox"/> /Liver <input type="checkbox"/> /Heart <input type="checkbox"/> /Other(                    ) <input type="checkbox"/>	Basic Sciences <input type="checkbox"/>	Technical Staff <input type="checkbox"/>	Other <input type="checkbox"/>
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<b>Membership of other Professional Bodies</b>
1
2
3
4
5
6

<b>Signature</b>	<b>Place</b>	<b>Date</b>
	<b>Proposed by</b>	<b>Seconded by</b>
Signature		
Full Name		
Membership no.	LM#	LM#
Place		
Date		

Fee details (Rs. 4000 for Indian and US\$ 400 for overseas applicants)

DD no.	Drawn no	(Bank Name)
Dated		(Branch)
In favor of Indian Society of organ Transplantation payable at Chandigarh.		

**Dr. Manish Rathi, Postgraduate Institute of Medical Education and Research, Additional Professor, Department of Nephrology, Postgraduate Institute of Medical Education and Research, Chandigarh 160012, INDIA, Tel +91-172-2756734**  
**Email: [isotsecretary@gmail.com](mailto:isotsecretary@gmail.com)**

**For Office use**

Considered at Governing body meeting at \_\_\_\_\_ on.  
 Admitted as \_\_\_\_\_ member(Membership number \_\_\_\_\_ ).  
 Rejected because of \_\_\_\_\_

**President**

**Secretary**