

# INDIAN SOCIETY FOR THE STUDY OF PAIN

INDIAN CHAPTER OF INTERNATIONAL ASSOCIATION FOR THE STUDY OF  
PAIN

Reg No.: U.P./470/84-85

## LIFE MEMBERSHIP FORM

(SURNAME) (FIRST NAME) (MIDDLE NAME)

FULL NAME : DR/ MR/ MRS .....

(in block letters)

**Sex:** Male/Female ..... **Age:** .....years, **Date of Birth:** .....

**Blood Group:**.....

**Qualification (University & Year of Passing):** .....

.....

**Specialization:** ..... **Registration No.:** .....

**Designation:** .....

**Special Interest in field of Pain:** Pain Relief.....

**Permanent Address:** .....

.....

**Pin:** ..... **State:** ..... **Phone:** .....

**Present Address (for correspondence):** .....

.....

**Pin:** ..... **State:** ..... **Phone:** .....

**E-mail ID:** ..... **Mobile No.:** .....

I agree to abide by the rules & regulation of Indian Society for The  
Study of Pain.

I wish to join INDIAN SOCIETY FOR THE STUDY OF PAIN as life  
member/Associate Member and enclose Cheque/D.D. No. ....

drawn on Date..... Bank.....  
for Rs. ....

(Drawn in Favor of Indian Society for the Study of Pain) towards  
subscription for the life Membership.

**Date:**

**Signature of Applicant**

1. Sponsor's Signature ..... Name .....

2.Sponsor's Signature ..... Name .....

**Life Membership Fees:** Within India: Rs. 5000/-

Outside India: US\$ 250/-

**Associate Membership Fees:** Within India: Rs. 3500/-

Outside India: US\$ 150/-

P.S. Outstation Cheque should be accompanied by Rs.100/- extra as  
bank charges.

Send two passport size photographs for I card.

Cheque / DD in favor of "Indian Society for the Study of Pain" payable  
at Hyderabad.

**Form to be sent to..**

**Dr Muralidhar joshi**, Hon Secretary, Indian Socceity for the Study of Pain  
102, Naveena Residency, Plot No 39A, Road No 2, Filmnagar, Jubilee  
Hills, HYDERABAD-500033

Email: [issphq@gmail.com](mailto:issphq@gmail.com) Mob: +91 9949049946

Res: Ph: +91 -40-23555124

For Office Use: Receipt No & Year.....LM No.....

ALM No.....

LF No.....