Indian Society for Reconstructive Microsurgery Membership Form

| 1 | Name | | | | | | Age | | Sex | |
|---|------------------------------------|----------|----|------------|------------|----------|--------|-------------|-----|--|
| 2 | Address | | | | | | | | | |
| | Residence | | | | | Hospital | | | | |
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| | | | | | | | | | | |
| | Contact No | | | | Contact No | | | | | |
| | Email | | | | | Email | | | | |
| 3 | Qualifications | | | | | | | | | |
| 4 | Current | Position | | | | | | | | |
| 4 | Current Position held | | | | | | | | | |
| 5 | Training in Microsurgery | | | | | | | | | |
| | Centre | | | Consultant | | | Year | | | |
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| 6 | Years of Microsurgical Experience: | | | | | | | | | |
| 7 | Membership in other associations | | | | | | | | | |
| | | | | | | | | | | |
| | ASI A | | Al | PSI ISSH | | | Others | S (Specify) | | |
| _ | D | 1.0 | | | | | | | | |
| 8 | Propose | a By : | | | | | | | | |
| | | | | | | | | | | |
| | Seconded By : | | | | | | | | | |
| | | | | | | | | | | |

Signature

- 1. This application should be proposed and seconded by Life Members of the Indian Society for Reconstructive Microsurgery
- 2. For Columns 6 to 8 necessary certificates from the concerned authorities to be produced.
- 3. **SUBSCRIPTION** Rs.10,000/- + Rs.1,800 (18% GST) for Life Membership. Rs. 3,000/- + Rs.540/- (18% GST) for Associate Membership
- 4. Membership Fee must be paid online to the following bank account:

INDIAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY Name:

Account No: 64158224946 Ifsc Code: SBIN0040297

Bank Name: STATE BANK OF INDIA Branch Name: KILPAUK GARDEN (or)

by DD/Cheque drawn in favour of "INDIAN SOCIETY FOR RECONSTRUCTIVE MICROSURGERY"