



MEMBERSHIP FORM
**INDIAN SOCIETY OF PERINATOLOGY &
REPRODUCTIVE BIOLOGY**

Founded in 1978
Reg. no.71 of 1978-1979
under the Societies Registration Act 21 of 1860
Website : www.isoparb.com

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Dear Sr / Madam

Kindly enroll me as Life Member. I am sending Rs. 5000/- + 100/- admission fee (Rs. 5100/-) by cash/bank draft payable to "Indian Society of Perinatology and Reproductive Biology, Patna." ☐

Kindly enroll me as an Annual member of the Indian Society of Perinatology and Reproductive Biology. I am sending Rs. 2001/- as my annual membership fee by cash / bank draft payable to "Indian Society of Perinatology and Reproductive Biology, Patna". ☐

I agree to abide by the rules of the society.

1. Name in full (in block letters) _____

2. Father's name (in Block letters) _____

3. Qualifications _____

4. Speciality _____

5. Medical Registration number _____

6. Present designation _____

7. Address

a) Permanent _____

b) Address for correspondence _____

c) Phone _____ b) Mobile _____ c) E-mail : _____

This form along with the fee may be sent to :-

Dr. Rita Dayal

Secretary General, ISOPARB

1/D, 205, New Patliputra Colony

Patna - 8000013

Tel: 0612-2272744 (R), 2263883 (C)

email: r.dayal@rediffmail.com

Signature of Applicant with Date