



Indian Society of Pediatric Gastroenterology, Hepatology and Nutrition (ISPGHAN)

(Registered under Tamil Naidu societies registration act, 1975, SI No-361of 2013)

Application Form for Membership

Kindly enroll me as a Life Member/ Associate Life Member/Affiliate Foreign Member of the Indian Society of Pediatric Gastroenterology, Hepatology and Nutrition. Eligibility of member category is given in this form*(see page 4).

1. Name(in full in capitals) : _____

2. Qualifications : _____

3. Designation : _____

4. Address (for communication) : _____

_____ Pin Code : _____

Phone/Mobile No. _____

Email id : _____

5. Field of medicine connected with Pediatric Gastroenterology

(Specify here specialty such as Surgery, Pathology, Radiology, Psychiatry etc.)

6. Attachment to the Hospitals: _____

7. Modes of Payment: Either by NEFT (preferred) or by multicity cheque

a) NEFT transfer to Account name: "ISPGHAN" , Account No: 048201000027026, IFSC:

IOBA0000482, MICR: 600020032, India Overseas Bank, Mahalingapuram Branch, Chennai

NEFT Trans. No:_____ Date:_____ Amount :_____

Bank Name:_____

OR

b) Multicity Cheque (In favor of "ISPGHAN")

Cheque No:_____ Dated:_____ Amount_____

Bank Name_____

Signature _____ Date :_____

(To be completed by the person(s) proposing and seconding the membership of the application)

To the best of our knowledge and belief the overleaf particulars of

Dr._____ Place_____ are correct.

We consider him/ her fit and proper person to be admitted as a Life Member/ Associate Life Member/Affiliate Foreign Member of the Indian Society of Pediatric Gastroenterology, Hepatology and Nutrition.

Proposed by :

Signature

Name:

Address:

Date:

Seconded by::

Signature:

Name:

Address:

Date:

Complete Registration form with Cheque/NEFT receipt should be sent by post to

Dr. Seema Alam, Secretary ISPGHAN

Professor & Head, Department of Pediatric Hepatology

Institute of Liver and Biliary Sciences (ILBS)

D-1, Vasant Kunj, New Delhi-110070

Email: ispghansec@gmail.com

For Office Use

**To be completed by the Executive Committee of the
Indian Society of Pediatric Gastroenterology, Hepatology and Nutrition (ISPGHAN)**

ISPGHAN Registration Number allotted:

- **Admitted as Life Member/ Associate Life Member/Affiliate Foreign member of the Society**
- **Application rejected for the above reasons (Delete clause which is not applicable)**

Place:		Signature	:
Date:		Designation	:

Membership Fee paid:

Life Member (Indian)	:	Rs. 3000.00
Associate Life Member	:	Rs. 2000.00
Affiliate Foreign Member	:	US \$ 100.00

Approved

*Membership Criteria

Membership Categories	Eligibility criteria	Current Membership fee
*Life Member	Fresh/New Life Membership of ISPGHAN shall be open to members of the medical profession, who are residents in India and who have a postgraduate degree in Pediatrics (MD, DNB), Gastroenterology or Pediatric gastroenterology from India or abroad, recognized by the Medical Council of India, and interested or involved in the practice of Pediatric gastroenterology, hepatology and nutrition.	Indian rupees 3000
*Associate Life Member	Associate Life Membership shall be open to members of the medical profession who are Diploma holders in Pediatric, Postgraduate students in Pediatric, gastroenterology or pediatric gastroenterology as well as to postgraduates in other medical disciplines (recognized by the competent authorities in India), who are interested or involved in the practice of pediatric gastroenterology, hepatology and nutrition.	Indian rupees 2000
Affiliate Foreign Member	Affiliate Foreign Membership shall be open to members of the medical profession who are not ordinarily residents of India, and have a postgraduate degree in Pediatric, Pediatrics gastroenterology or Gastroenterology, recognized in their respective country of residence	US dollar 100

* Existing members of the Pedgastro chapter of IAP would pay only Rs. 1000 for membership as per eligibility criteria of ISPGHAN, up to 31st July 2016.