



# Indian Society of Pediatric Gastroenterology, Hepatology and Nutrition (ISP GHAN)

(Registered under Tamil Naidu societies registration act, 1975, 81 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 with pincode(for communication): \_\_\_\_\_

—  
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:

Seconded by::

Signature

Signature:

Name:

Name:

Address:

Address:

Date:

Date:

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

Dr Anshu Srivastava, Secretary ISPGHAN

Additional Professor, Department of Pediatric Gastroenterology

Sanjay Gandhi Post Graduate Institute of Medical Sciences

Rae Bareilly road ,Lucknow

Email: [ispghansec@gmail.com](mailto: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

<b>Membership Categories</b>	<b>*Eligibility criteria</b>	<b>Current Membership fee</b>
<b>*Life Member</b>	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
<b>*Associate Life Member</b>	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
<b>Affiliate Foreign Member</b>	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