

KARNATAKA CHAPTER OF ISAR

(AFFILIATED TO INDIAN SOCIETY FOR ASSISTED REPRODUCTION)

Correspondence Address: #324, 2nd Floor, R.D. Complex, 1st Cross, 8th Main, 3rd Stage,
Basaveshwarnagar, **Bengaluru - 560 079**. Tel: +91-80-42244595



APPLICATION FOR MEMBERSHIP

Name in Full.....
(In Block letters with surname to be underlined)

Degrees/Qualification.....

Designation.....

Office Address.....

.....

Telephone..... Fax..... Pin Code.....

Mobile..... Email.....

Residence Address.....

.....

Telephone..... Fax..... Pin Code.....

Mobile..... Email.....

Médical Council No.....

Training in Assisted Reproductive Technology

1).....

2).....

3).....

Experience in Assisted Reproductive Technology

1).....

2).....

3).....

Photo

Interested in Assisted Reproductive Technology:..... ClinicalLaboratory

Desire and ability to train others.....

Others.....

.....

Entrance fee: Rs. 250/- + Life Membership Fee: Rs.5,000/- = Rs.5250/ + GST 18% = 950 Grand Total 6200/-

(Six Thousand Two Hundred Only)

Cheque/DD.

On Bank.....Branch.....in favor of **“Karnataka Chapter of ISAR”** and payable at Bangalore is enclosed alongwith 2 recent photographs of size 5cmsx6cms.

Date:

Place:

Signature:

Please send filled application form and cheque to below address.

**Dr. Shobhana Patted,
Secretary, KISAR,
Patted's Fertility & Research Centre,
CTS 4824C, P.No.56, S.P.Bungalow Road,
BELGAUM-590016**

(FOR OFFICE USE)

Application Received on.....Receipt No.,Admitted at

the Executive Committee Meeting on.....Membership no.,