INFECTIOUS DISEASE SOCEITY OF GUJARAT **LIFE MEMBERSHIP APPLICATION FORM**

Name : Dr. Mr/Mrs/Ms: (First name) (Middle Name) (Surname)

Address (Clinic) :

Address (Resi.) :

Phone No. (O) : (R) : (M) : Date of Birth Date of Marriage Practice Started from : Blood Group : Email : Website : Qualification :

Proposed by IDSG Member

Member Name : Dr. Signature : Seconded by IDSG Member

Member Name : Dr. Signature : Attachment :

Rs. by / Cheque / DD enclosed in favour of "Infectious disease Soceity of Gujarat", Ahmedabad.

N.B. 1.Attach the Xerox copy of MBBS Registration Postgraduate Registration /Additional qualification for infection disease(not required for microbiologist)

2. Life Membership fee is Rs. 5000/- 3. Passport Size Photo Yours Faithfully,

Signature

FOR OFFICE USE ONLY : Received on

Cash / Cheque / DD No. : Amount : Drawn on Bank : Place : Dated : Enrolled in Executive Committee on Receipt No. :

* Compulsory