



APPLICATION FOR MEMBERSHIP OF  
THE INDIAN SOCIETY OF ANAESTHESIOLOGISTS  
(FOUNDED IN 1947)

Photo  
3.5 x 2.5 cm

For your ID first Alphabet : /Life / Life Associate.

NAME

ADDRESS

CITY  DISTRICT

STATE  PIN

STD CODE  Phone:  Mobile:

E-MAIL ID .....

Blood Group ..... Date of Birth .....

MEDICAL REGISTRATION No & STATE .....

QUALIFICATIONS	COLLEGE	UNIVERSITY	YEAR PASSED
M.B.B.S			

APPOINTMENTS .....

SPECIAL INTERESTS .....

PROPOSED BY Dr..... ISA No ..... Signature.....

SECONDED BY Dr..... ISA No ..... Signature .....

ISA BRANCH / DIRECT..... STATE: .....

Money to be sent by DD in favour of "Indian Society of Anaesthesiologists" Payable at Kakinada

D.D. No..... Dated..... Bank..... Amount Rs.....

Along with the draft please enclose:

- 2 Stamp size Photos (Please write your name in caps at the back of the photos)
- Copy of Medical Registration Certificate for Anaesthesia Qualification/ University Degree/ Diploma/ National Board Certificate (please tick)
- For Associate member-copy of MBBS certificate

Date of Application.....

Forwarded by .....City/State branch SIGNATURE OF THE APPLICANT

Signature of Br. Secretary with seal

SUBSCRIPTION

LIFE MEMBER - Rs. 5000/-

OVERSEAS MEMBERSHIP

LIFE MEMBERS - US \$ 500/- ORDINARY MEMBER - US \$ 100/- VISITING MEMBER - US\$50/-

(FOR COMPUTER /OFFICIAL USE -PLEASE FILL IN BLOCK LETTERS.)

ISA NO.  TYPE OF MEMBERSHIP: Life Associate/ LIFE

RECEIPT NO & DATE  AGBM Date

Dr. S.S.C. Chakraro  
Hony. Secretary - ISA (HQ),  
Secretariat: 67-B Shanti Nagar, Kakinada - 533003; Andhra Pradesh  
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