



**Indian Society of Nephrology Southern Chapter**  
**Membership Application**

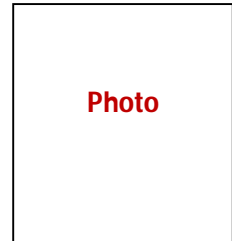
Name : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Qualification: \_\_\_\_\_

Designation: \_\_\_\_\_

Institution: \_\_\_\_\_



**Mailing Address**

**Permanent Address**

(Please include email id & all phone numbers)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
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Declaration: I Dr \_\_\_\_\_ have reviewed the rules and regulations of the ISN Southern Chapter and will abide by the same

**Signature**

**Date/Place**

\_\_\_\_\_

\_\_\_\_\_

Proposed by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

Signature : \_\_\_\_\_ Signature: \_\_\_\_\_

Please include a demand draft for Rs. 2,000/- (Rupees Two thousand only) in favour of Secretary, Indian Society of Nephrology – Southern Chapter payable at Hyderabad.