



# Indian Society of Nephrology Southern Chapter Membership Application

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

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

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

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

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

Mailing Address

Permanent Address

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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: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Approved by: \_\_\_\_\_

Payment Amt & Mode \_\_\_\_\_