



ISRTP

Indian Society of Renal and Transplantation Pathology

Regd. Office: Department of Pathology, SGPGI, Lucknow – 226014

Place for colored
passport size photograph

Membership Application Form

Last name		First name		Middle Name
Name				
Date of birth		Sex	Male	Female

Qualifications

Degree	Year of passing	Institute/University
MBBS		
MD		
Others (specify)		

Addresses

Work

Job title		
Institution/Hospital		
Address		
City	Pin	State
Tel	Fax	E-mail

Home

City	Pin	State
Tel	Mobile	E-mail

Mailing Address (circle one)	Work	Home
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Primary Institutional Affiliation (circle appropriate)			
Medical College	Hospital	Armed Forces	Private practice

Signature of applicant

Place

Date

	Proposed by	Seconded by
Signature		
Full name		
Membership no.	LM#	LM#
Place		
Date		

Fee details:

- Annual Membership -INR 1000
- Direct Life membership- INR 6500
- Oversea applicants- USD 100 (annually)

NEFT in A/C No. 30045061037 **IFSC Code:** SBIN0007789 State Bank of India, SGPGI Branch, Lucknow

Amount: _____ UTR/Transaction No: _____ Date: _____
Bank Name: _____

DD no. _____ Drawn on _____ (Bank name)
Dated _____ (Branch)
In favor of *ISRTP* payable at Lucknow.

E- mail the completed application form with supporting documents to-

Dr. Pallav Gupta,

Treasurer, ISRTP

Mobile: +91-8373976210, email – pallavkmc1@gmail.com

Email copy (cc) to-

Dr. Alok Sharma,

General Secretary, ISRTP

Mobile: +91-8800387999, email – dralok.path@gmail.com

For Office Use

Considered at Governing body meeting at _____ on.
Admitted as _____ member (Membership number _____).

Rejected because of _____

President

Secretary