

APPLICATION FOR LIFE MEMBERSHIP OF

INDIAN SOCIETY FOR PRENATAL DIAGNOSIS & THERAPY

Name (Block Letters) : _____

Academic Qualification : MD / MS / MCH / Ph.D / other _____

Speciality : Obstetrics / Ultrasonography / Genetics / Neonatology / Pediatric Surgery / Lab Medicine / Microbiology / Biochemistry / others _____

Institution : _____

Designation : _____

Address For Communication : _____

_____ **Zip Code** : _____

Telephone : _____

Mobile No. : _____ **Fax:** _____

E.Mail : _____

MEMBERSHIP FEES : Rs.2500/- + Rs.150/- Admission Fees

Send Cheque / Draft in favour of **"Indian Society for Prenatal Diagnosis & Therapy"**
Payable at Mumbai.

"I herewith state that I support the clinical and scientific goals of the Society, and I wish to become Life Member of ISPAT".

Date : _____

Signature _____

Return application to : ISPAT Secretariat, Birth Defect Centre, A – 11 Elco Arcade, Hill Road, Bandra (W), Mumbai 400050 E-mail : ispat_isar@vsnl.net