

INDIAN SOCIETY OF HEAD AND NECK RADIOLOGY (ISHNR)

Certificate of registration under section 10 of the Tamil Nadu Societies Registration act, 1975

APPLICATION FOR MEMBERSHIP

Secretariat: CCB026,II-FL-6,Commanders court, B block,
49, Ethiraj salai, Egmore-Chennai-600008.

E-mail: ishnrindia@gmail.com

Website: www.ishnr.com.



Name (CAPITAL LETTERS) _____

Father's/Husband's Name _____

Date of Birth _____ Age _____ Yrs. Sex: M/F _____

Affix passport size
photograph

Qualification	Year	Institution

Name of Medical Council of Registration _____

Registration No. (**Attach copy**) _____ Date of Registration _____

Designation _____

Mailing address _____

_____ City _____

PIN _____ Mobile no. _____

Email: _____

DECLARATION

I, (Full Name) _____ am desirous of being enrolled as Founder/Life /Associate/Overseas Member of 'Indian society of Head & neck radiology' and agree, if enrolled, abide by the Rules & Bye-laws of the Association now existing or such Rules and Bye-Laws which may hereinafter be made or altered. If at any time, my statement is found to be incorrect, my membership, if granted will be liable to be cancelled and the subscription paid by me may be forfeited by the Association.

Date: _____

Place: _____

Signature of the applicant

For office use only

Enrolled as Founder/Life /Associate/Overseas Member of 'Indian Society of Head and Neck Radiology'.

Receipt no: _____ Registration no: _____ Date: _____

Office assistant

General Secretary