



INDIAN SOCIETY OF HEAD & NECK RADIOLOGY

Certificate Of Registration Under Section 10 Of The Tamil Nadu Societies Registration Act, 1975

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



reach@ishnr.com



www.ishnr.com

Membership Form

Full Name
(Block Letter)

FIRST NAME

MIDDLE NAME

LAST NAME

FIX
PASSPORT SIZE
PHOTOGRAPH

Date Of Birth Age Gender (M/F/O)

QUALIFICATION	YEAR	INSTITUTION
Basic degree (MBBS)		
Radiology Degree		

Name Of Medical Council Of Registration

Registration No. (Attach Copy) Date Of Registration

Designation

Mailing Address

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City Pin Mobile No.

E-mail Phone No.

Fellowships

.....

.....

Please Describe your Practice Setting:

academic private Other

societies to which you belong:

.....

Honors / Awards :

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MEMBERSHIP FEES

	CATEGORY	TOTAL INCLUSIVE OF GST
	Life Member	Rs. 12000/-
	Overseas Member	250 USD

DECLARATION

I, (Full name)am desirous of being enrolled as
/ Life Member Radiologist /Overseas member " indian society of head & neck
radiology and agree, if enrolled, abide by the rules & bye-laws of the association now existing of such rules & bye-laws
which may hereinafter be made or altered. if at any time, my statement is found 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.

I agree to the following statements.

1. I understand this is an application form and it does not automatically make me a member; an approved letter from the President & Secretary of the acceptance is required.
2. I agree to contribute 5 of my original cases (atleast 3 of them with multi modality imaging) for the ISHNR website within the first two months of becoming a member; failing this, I understand may lose the membership.
3. I agree to contribute minimum of 2 original cases or more per year to the website - atleast one of them with more than one imaging modality.
4. I agree to share the copyright agreement of the images with ISHNR which may use it for teaching, exam and education purposes either on free or part chargeable basis as and when decided by the General body.

Date:

Place:

Signature of the Applicant

FOR OFFICE USE

Founder full member/Founding year full member /Honorary /Overseas member

Receipt no : Registration no Date

Office Assistance

General Secretary

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