



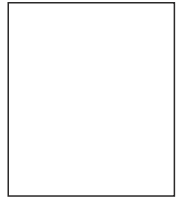
INDIAN SOCIETY FOR TRAUMA AND ACUTE CARE

(Registered Under "Societies Registration Act – 1860" Registration No. S/60707/2007)
Office : Room No. 305, Main Block, J.P.N. Apex Trauma Center (AIIMS),
Ring Road, New Delhi - 110029 (INDIA)
Tel.: 91-11-26108000, 26109000 Ext. 1164, 1070.
Email: info@traumaindia.org

Name: _____

Date of Birth _____ Age _____ Sex _____

Qualifications: _____



Applying for: Life Membership / Associate Membership / (for Non-medical professionals)

Nationality : _____ (INDIAN / SAARC / Others)

Postal Address: _____

Permanent Address: _____

Telephone No. (Mandatory) _____ Mobile: _____

E-mail: (Mandatory) _____

For Life Membership: Please Attach MCI/State M.C. Reg. No for Speciality/MBBS/P.G. Training

For Associate Membership: Kindly Attach the Certificate from Nursing/Physiotherapy Council

Designation: _____

Recommended by _____, Membership No. _____, Sign _____
(Optional)

Mode of payment of Membership dues:

CASH / Cheque / Draft No. _____ Dated _____

Bank _____ Branch _____

**(Membership Fee : Life Member Rs.2000/-, Associate Member Rs. 1500/- Only
Other Than SAARC Countries -USD\$ 100)**

FOR OFFICIAL USE ONLY

Application Received on _____

Receipt No. _____ Membership Approved for Life Associate

Membership No. Allotted _____ Certificate Sent / Given on _____

Laser No. _____

Signature