|  |
| --- |
| Indian **Fertility** Society Membership Request Form |

 

**Name**: .............................................................................................................................................................................

**Qualification**: ............................................................................................. **Date of Birth**:.............................................

**Designation**: ....................................................................................................................................................................

**Address**:

 Workplace:...........................................................................................................................................................

 ...........................................................................................................................................................

 Residence: ...........................................................................................................................................................

 ...........................................................................................................................................................

Address to be used for correspondence: Workplace Residence

**Telephone Nos.:**

Workplace : ......................................................................................................................................................................

Residence : .......................................................................................... Mobile : .............................................................

E-mail Address : ...............................................................................................................................................................

**Type of Membership:**

 Life / Nonresident / Emeritus Rs. 7,000/- only

**Payment Details :**

Amount : ......................................................................................................................................................................

Cash / Cheque / Demand Draft No. : .................................................................. Dated : .............................................

Bank : : ...........................................................................................................................................................................

Signature : : .............................................Name : ................................................................ Date : ................................

 **\*** Please make Cheque / Draft in favour of **“INDIAN FERTILITY SOCIETY”** payable at New Delhi.

 **\***Please attaché two recent passport size photographs.

**Who can apply for IFS Membership :** All Professionals with postgraduate qualification such s Obstetricians & Gynaecologists, Clinical embryologists, andrologists, ultrasonologists, counsellors, geneticists and other involved in the care of infertility patients.

Mailing Address:

**SECRETARIAT**

**Indian Fertility Society**

Flat No.302, 3rd Floor, Kailash Building,

Kasturba Gandhi Marg, C.P, New Delhi-110001
Mob: 91- 9899308083

Email: Indianfertilitysocietydelhi@gmail.com Website: www.indianfertilitysociety.or