



Indian

Fertility Society

Membership Request Form

Name:

Qualification: Date of Birth:.....

Designation:

Address:

Workplace:.....

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Residence:

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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 as 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

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