

# IS RTP

## Indian Society of Renal and Transplantation Pathology

Regd. Office: Department of Pathology, SGPGI, Lucknow – 226014

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### Membership Application Form

Last name		First name		Middle Name	
<b>Name</b>					
Date of birth			<b>Sex</b> Male		Female

#### Qualifications

Degree	Year of passing	Institute/University
MBBS		
MD		
Others (specify)		

#### Addresses

##### Work

Job title			
Institution/Hospital			
Address			
City		Pin	State
Tel	Fax	E-mail	

##### Home

City		Pin	State
Tel	Mobile	E-mail	

<b>Mailing Address</b> (circle one)	Work	Home
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<b>Primary Institutional Affiliation</b> (circle appropriate)			
Medical College	Hospital	Armed Forces	Private practice

**Signature of applicant**

**Place**

**Date**

	Proposed by	Seconded by
Signature		
Full name		
Membership no.	LM#	LM#
Place		
Date		

**Fee details:** Rs. 300/- for annual membership and Rs 1500/- for life membership after completion of 3 years of regular annual membership for Indian members and Rs 1000/- per annum for overseas applicants

DD no.	Drawn on	(Bank name)
Dated		(Branch)
In favor of <i>ISRTP</i> payable at Lucknow.		

**Mail completed application form with supporting documents to Dr. Manoj Jain, Secretary cum treasurer, Indian Society of Renal & Transplantation Pathology (ISRTP), Department of Pathology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Raebareli Road, Lucknow 226014, INDIA.**

**Email Address:** [mjain@sgpgi.ac.in](mailto:mjain@sgpgi.ac.in) or [isrtpin@yahoo.com](mailto:isrtpin@yahoo.com)

**Website:** <http://geocities.com/isrtpin>

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**For Office Use**

Considered at Governing body meeting at \_\_\_\_\_ on.

Admitted as \_\_\_\_\_ member (Membership number \_\_\_\_\_).

Rejected because of \_\_\_\_\_

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President

Secretary