INDIAN SOCIETY OF BLOOD TRANSFUSION & IMMUNOHAEMATOLOGY

Personal Information

Name of the Applicant: E-mail address:

Father’s/Husband’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Group: \_\_\_\_ No. of times donated blood: \_\_\_\_ Qualification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Activity: Medical / Educational / Motivational / Social / Commercial / Other:\_\_\_\_\_\_\_\_\_\_\_\_

Brief Outline of Activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Information

State: \_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No (With STD Code): (O) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (R):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to receive:

Bank Information:

Asian Journal of Transfusion Science

Motivational Journal

None

Type of payment: Cash/Cheque/Draft/Others

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_

Draff/Cheque No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_

Branch: \_\_\_\_\_\_\_\_\_\_

Life time Membership Fee : Rs.1,000/- for Individuals

Please make payment through Demand Draft in favour of “Indian Society of Blood Transfusion and

Immunohaematology” payable at Sirsa, Haryana OR

Deposit in Cash / Transfer Online as per the details given below:

Bank Name : HDFC Bank

A/C Name : ISBTI

Signature of Applicant:

 Branch : Sangwan Chowk, SIRSA, Haryana

 A/c No.: 06101450000515 IFSC Code : HDFC0000610

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recommendation by Two ISBTI Members:

1.

2.

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FOR OFFICE USE

Receipt No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter Code No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Organization on Blood Transfusion Medicine, Blood Banking & Donor Motivation

 #1410 Sector 16-17, Hisar- 125001 Haryana, India

 Ph: +91- 1662245343 Email: isbti.org@gmail.com www.isbti.org



 SINCE 1971

APPLICATION FOR INDIVIDUAL MEMBERSHIP

(TO BE FILLED IN CAPITAL LETTERS)

PLEASE DO NOT

STAPLE

SPACE FOR

PHOTOGRAPH

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Date: