



APPLICATION FOR INSTITUTIONAL MEMBERSHIP

(TO BE FILLED IN CAPITAL LETTERS)

Date: _____

Name of the Institute: _____

Name of the Head of Institute: _____ Designation: _____

Field of Activity: Medical / Educational / Motivational / Social / Commercial / Other: _____

Brief Outline of Activity: _____

Type of Membership Desired (Please Tick one of the following)

- Institutional : Rs.2, 000/- for Voluntary Organisations in rural areas
 Institutional : Rs. 5, 000/- for Voluntary Organisations in urban areas
 Institutional : Rs.50, 000/- for Corporate Membership

Contact Information:

State: _____ District: _____ City: _____

Contact No(With STD Code): (O) _____ (R) _____ Mobile: _____

Address: _____

_____ Pincode: _____

Would you like to receive: Asian Journal of Transfusion Science Motivational Journal None

Bank Information:

Type of payment: Cash/Cheque/Draft/Others Draft/Cheque No: _____

Name of Bank: _____ Branch: _____ City: _____ Amount: _____

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

Branch : Sangwan Chowk, SIRSA, Haryana
A/c No.: 06101450000515 IFSC Code : HDFC0000610

Signature of Applicant: _____

Recommendation by Two ISBTI Members

	Name	Signature
1.	_____	_____
2.	_____	_____

FOR OFFICE USE : Receipt No.: _____ Chapter Code No.: _____