



INDIAN SOCIETY OF BLOOD TRANSFUSION & IMMUNOHAEMATOLOGY

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

#1410 Sector 16-17, Hisar- 125005 Haryana, India

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

APPLICATION FOR INDIVIDUAL MEMBERSHIP

(TO BE FILLED IN CAPITAL LETTERS)

Personal Information

Date: _____

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: _____

Contact Information

State: _____ District: _____ City: _____

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

Address: _____

_____ Pin code: _____

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

Bank Information:

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

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

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

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.: _____

SPACE FOR
PHOTOGRAPH

PLEASE DO NOT
STAPLE