

**MEMBERSHIP APPLICATION**

Name: (in block letters) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Highest Educational qualification \_\_\_\_\_

Registration No \_\_\_\_\_

Fellowship \_\_\_\_\_

Publication in last 5 years (total) \_\_\_\_\_

Present Resume \_\_\_\_\_

Present place of work \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

E- Mail - \_\_\_\_\_ Mob \_\_\_\_\_

Affix Passport  
Size  
Photograph

Proposed By	Seconded By
_____	_____
Membership No _____	Membership No _____
Signature	Signature

**Declaration:** I hereby declare that the above details are correct. I wish to be Life member. I have carefully read the instructions overleaf. I shall abide by the Rules, Regulation & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

Please find enclosed for Rs.4000 (Rupees four thousand Only) by NEFT or RTGS favoring Account number 13052413000215, IFSC code: ORBC0101305, cash/Demand Draft /at par cheque, Account Name:- INDIAN SOCIETY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, Bank Name:- Oriental Bank Of Commerce Branch: R.K PURAM COLONY, AB ROAD INDORE.

**Dated** \_\_\_\_\_

\_\_\_\_\_

Specimen Signature Of the applicant (in Black Ink) for ID card

**FOR OFFICE USE ONLY**

Dr/Mr/ Ms \_\_\_\_\_ has been admitted as life member of the Indian Society of Facial Plastic & Reconstructive Surgery & ratified by the general body in the meeting held on \_\_\_\_\_ His /Her membership No is \_\_\_\_\_.

\_\_\_\_\_  
Gen. Secretary, ISFPRS

\_\_\_\_\_  
Treasurer, ISFPRS

**INSTRUCTIONS**

1. The Society reserves all rights to accept or reject any application
2. To be proposed and seconded by Life Member only. No application form will be accepted, unless it is complete in all respects. Proposed and Seconded by existing Member of the ISFPRS
3. Every new Member is entitled to receive Society's Journal and Annual Proceedings of the Society free of charge.
4. Every new Member will initially be provisionally admitted and shall be deemed to have become a full Member only after formal ratification by the General Body Only then he or she will be eligible to vote, or apply for any Fellowship / Award, propose or contest for any Election of the Society
5. Documents to be attached with application form:
  1. Copy of qualification & with Medical Council Certificate
  2. One coloured photograph to be pasted on the Application Form
  3. One coloured photograph to be attached with form
6. LIFE MEMBERSHIP FEES Rs 4000 /- or 100 USD , in favor of Indian Society of Facial Plastic & Reconstructive Surgery Demand draft or at par cheque , payable at Indore, India or NEFT or RTGS favoring Account number 13052413000215, IFSC code: ORBC0101305, cash/Demand Draft /at par cheque, Account Name:- INDIAN SOCIETY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, Bank Name:- Oriental Bank Of Commerce Branch: R.K PURAM COLONY, AB ROAD INDORE.

**7. Address for sending Application**

**Dr Brajendra Baser,**

Bicholi Mardana Main Road,

opposite Agrawal Public School,

Indore, Madhya Pradesh – 452010

Phone: 0731-3222630, 8305464080

Email: [baserbv@gmail.com](mailto:baserbv@gmail.com)