

INDIAN IMMUNOLOGY SOCIETY

LIFE MEMBERSHIP APPLICATION FORM					
Name	:		Sex (M/F):		
Date of Birth	:				
Designation	:				
Address (Office)	:				
Address (Home)	:				
Corresponding Address	:				
Phone	:		Mobile:		Fax:
Email	:				
Field of Work	:				
(Please attach a brief CV)					
<p>I would like to join the Indian Immunology Society as a Life Member. I am enclosing a Bank Demand Draft No./Online Txn. No. _____ Dated _____ Bank _____, in favour of "Indian Immunology Society" payable at New Delhi for the sum of Rs.4,000/- (Life Member). Please enroll me as a Life Member of the Society.</p> <p>Bank details for Online Transfer Name: Indian Immunology Society Account No.: 10874587599 Bank: State Bank of India IFSC Code: SBIN0001536</p> <p>Note: Membership Fee US \$ 100.00 for all overseas applicants.</p>					
					Signature
For Official Use					
Receipt No.		Issued on		Membership No.	
Issued by:			Treasurer, IIS		

Please mail the filled Form and D.D./ Online Txn. Receipt along with a copy of your CV to:

Dr. Uma Kanga

Treasurer, Indian Immunology Society

Dept of Transplant Immunology and Immunogenetics

All India Institute of Medical Sciences

Ansari Nagar, New Delhi-110029

Tel: 91-11-26594463, 26594446, 26594638(Dept off)

Mobile: 9810862276

Email : iis.secretariat.2018@gmail.com , Copy to : umakanga@hotmail.com

