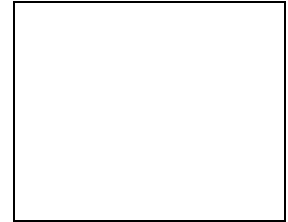


**FAMILY BENEVOLANT FUND
OF
INDIAN SOCIETY OF ANAESTHESIOLOGISTS**
(Regd.629 / 2007 under Societies Registration act. 35 of 2001)
FORM OF MEMBERSHIP

(To be filled with Block Letters)

(For Office Use only)

FBF NO.
R.NO.
Date :



ISA No.

Proposed by Dr.....
Life member of.....City Branch of ISA

SURNAME :
 FIRST NAME :
 NAME OF BE PRINTED ON CERTIFICATE AS :
 NAME OF FATHER / HUSBAND :
 DATE OF BIRTH :
 AGE :
 NAME OF NEAREST CITY BRANCH OF ISA :
 CORRESPONDENCE ADDRESS : PERMANENT ADDRESS
 :
 :
 :
 EMAIL..... : EMAIL.....
 MOBILE:..... : MOBILE.....

NOMINATION FORM

S.NO	Name of the Nominee	Relationship of the Member	Address
1.			
2.			
3.			

If the nominee is a minor, name of the person
 Who represents the minor and his/her address :
 Date of birth and age of Minor :
 Specimen Signature of the
 Nominee of Minor's representative 1.
 2.
 3.

I hereby declare that the above information furnished by me is true and correct.

Signature of Applicant

I, the undersigned hereby apply for the Membership of family Benevolent Fund of Indian Society of Anesthesiologists, I enclose here with D.D No..... For Rs
(Rupees.....
.....) dated.....drawn onbank being the relevant fee and caution deposit.

I do hereby declare that the above information is true withheld no information whatsoever regarding the application and I agree to pay the demanded amount as per the rules of this scheme.

I further agree to abide by all the conditions laid down in the Constitution of the Scheme and the amendments to be made from time to time.

I shall inform the change of address time to time.

Date:.....

Signature of the applicant.

REGISTERED OFFICE:

Dr. S.S.C. CHAKRARAO, Convener
3-16B-100/1, Shanti Nagar,
KAKINADA-533003
Tel: 94401 76634
Email: chakrarao@yahoo.co.in

Dr. G. SURENDER REDDY
President & Co-ordinator
Cell: 09985021401

For Office Use Only

- N.B
1. Demand Draft Drawn Payable at Kakinada for Rs...
 2. Demand Draft be drawn favor of Secretary, Family Benevolent Fund, Indian Society of Anesthesiologists (National)
 3. Receipt of ISA Life Membership subscription issued by ISA or Xerox Copy of I.D. card must accompany this application form, as proof of life membership.
 4. Enclose two (2) passport size photographs.