



INDIAN SOCIETY OF CLINICAL NUTRITION
(Regd.)

No.:
Date:

Application Form for Membership

1) Title: Prof. Dr. Mr. Ms.

2) Name in full (block letters): _____

3) Member Category: Life SAARC/NRI Corporate

4) Job Title/Designation: _____

5) Affiliation (Department/Hospital/Company): _____

6) Qualifications: _____

7) Field of specialization: _____

8) Area of interest: _____

9) Address for correspondence: _____

Pin Code: _____ Fax: _____

Phone: _____ Mobile: _____

Email id: _____

10) Permanent Address: _____

Pin Code: _____ Fax: _____

Phone: _____ Mobile: _____

11) I am also a member of the following Societies and Associations

a) _____ d) _____

b) _____ e) _____

c) _____ f) _____

Date: _____

Signature: _____

PTO...

MEMBERSHIP INFORMATION

The complete application form along with the membership fee should be sent to **Dr. Y K Joshi, Indian Society of Clinical Nutrition, Department of Clinical Nutrition, Institute of Liver and Biliary Sciences, Vasant Kunj – D1, New Delhi-110070, India.**

The details of the membership fee are as follows:

Life Member:	Rs. 3000
SAARC Member	Rs. 5000
NRI Member	\$250
Corporate Member	\$1000

Mode of Payment: Cash Cheque DD/Cheque No. _____ Date: _____
Amount Rs. _____

Add Rs. 100 for outstation cheques (i.e. outside Delhi). Please enclose the fees as cheques/ demand draft drawn in favor of **Indian Society of Clinical Nutrition**, payable at New Delhi, along with your application form.

For any assistance/clarification email at: info@inscn.org