



INDIAN SOCIETY OF COLPOSCOPY & CERVICAL PATHOLOGY

MEMBERSHIP FORM FOR ISCCP

NAME:

QUALIFICATIONS:

DESIGNATION:

INSTITUTE:

POSTAL ADDRESS:

TELEPHONE NO.(RES):

MOBILE NO.:

email:

Details of Payment:

DD No:

Name of the Bank:

Branch Name:

Date:

LIFE MEMBERSHIP FEES: Rs 8000/- (inclusive of IFPCPC membership for 5 years)

Annual membership –Rs 2000/-

Please send the membership fees by means of Cash or Demand Draft in favour of “ISCCP” to the address given below:

Mailing Address:

G-367 (Ground Floor)

PreetVihar

Delhi-110092