



**INDIAN SOCIETY OF COLPOSCOPY & CERVICAL PATHOLOGY**

**MEMBERSHIP FORM FOR ISCCP**

NAME:

QUALIFICATIONS:

DESIGNATION:

INSTITUTE:

POSTAL ADDRESS:

TELEPHONE NO.(RES):

MOBILE NO.:

EMAIL:

**MEMBERSHIP FEES:**

**LIFE MEMBERSHIP FEES: Rs 8,000/- (inclusive of IFPCP membership for 5 years)**

Annual membership –Rs 2,000/-

**Payment Method:**

**1. Cash or Demand Draft:**

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)  
Preet Vihar  
Delhi-110092

Details of Payment:

DD No:                      Name of the Bank:                      Branch Name:                      Date:

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**2. Bank Transfer:**

Account Name: Indian Society of Colposcopy and Cervical Pathology

Bank Name                      : Syndicate Bank

A/C No                                : 90682010098320

IFSC Code                        : SYNB0009068

Please send the payment advice slip along with the filled membership form to the below mailing address;

Indian Society of Colposcopy and Cervical Pathology  
G-367 (Ground Floor)  
Preet Vihar  
Delhi-110092