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 IF CPC 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 along with the filled membership form:
   Indian Society of Colposcopy and Cervical Pathology
   42E, Kamla Nagar
   Delhi-110007
   
   Details of Payment:
   DD No: Name of the Bank: Branch Name: Date:

2. **Bank Transfer:**
   Account Name: Indian Society of Colposcopy and Cervical Pathology
   Bank Name: Syndicate Bank
   A/C No: 90682010098320
   IFSC Code: SYNB0009068
   
   Please courier the payment advice slip along with the filled membership form to the below mailing address;
   Indian Society of Colposcopy and Cervical Pathology
   42E, Kamla Nagar
   Delhi-110007
   
   Or
   
   Email it to swetagarima@gmail.com