



Indian Society For Histocompatibility and Immunogenetics

Rm 2008, Convergence Block, All India Institute of Medical Sciences,

Ansari Nagar, New Delhi-110029, INDIA

Tel: (91-11) 2659 4463 Fax: 2658 8663, 2658 8641

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MEMBERSHIP FORM

Application Date: _____ Membership Category (Ordinary/Life/Sustaining) Membership No. _____
(will be assigned after payment)

PERSONAL DETAILS

Title: Prof./Dr./Mr./Ms./ _____ Position held _____

Full Name (in CAPITAL LETTERS): _____

Age ____ Gender ____ Degrees obtained _____ Year _____ Name of Institution _____

Address for Correspondence _____

City _____ Postal Code _____ Country _____

Tel (office) _____ Tel (Mob) _____ Tel (Res) _____ Fax _____

Email _____

Are you involved in Research in Histocompatibility/ Immunogenetics/
Transplantation Immunology? Please enlist areas of research? Yes/No

Are you or your colleagues involved in patient care services? Yes/No
Please specify _____

Are there other members in your department / institute / hospital
who may be interested? (Kindly make further copies of this form and distribute). Yes/No

Please submit form by email to (ishi.society@gmail.com) and by post to the following address:

Dr Uma Kanga

Secretary ISHI

Department of Transplant Immunology & Immunogenetics (R No 75, Teaching Block, G Floor)

All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029

MEMBERSHIP FEES:

Ordinary member- Rs 500/ annually, Life member- Rs 5000/-, Sustaining member- US\$1000 (eqvt INR)

PAYMENT MODE: 1) Demand Draft in favor of 'INDIAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS' payable at New Delhi.

2) Bank Transfer : details below

ISHI Bank Account Details:

Name: INDIAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS

Account Number: 10874589631

Bank Name: STATE BANK OF INDIA

Branch: ANSARI NAGAR

IFSC: SBIN0001536

Payment Receipt No: _____ (to be issued by ISHI Treasurer)