

INDIAN EPILEPSY SOCIETY

MEMBERSHIP FORM



Name: Last Name : _____

Fist Name : _____

Date of Birth: Date : _____ Month _____ Year _____

Address: 1. Home : _____

City _____ State _____ PIN Code _____

Telephone: _____ Fax: _____

2. Office: _____

City _____ State _____ PIN Code _____

Telephone: _____ Fax: _____

Email Address: _____

Preferred mailing address: Home / Office

4. Present Position Held: _____

5. Payment Details (Pay by cheque payable to **Indian Epilepsy Society at New Delhi**).

Name of Bank _____ Cheque No. _____

Date : _____ Amount : _____

Life Membership Fee : Rs 2000/-

Paste passport size

photograph here

6. Are you a member of Indian Epilepsy Association (IEA): Yes / No

If Yes, Please give Details : Annual / Life member

Date of joining IEA :

IEA Membership no. :

Signature of the applicant

Proposer Signature:

Seconded Signature:

Name:

Name:

IES Membership No.:

IES Membership No.:

Mailing Address:

Dr. M.M. Mehndiratta
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Please enclose photo-copy of qualification degree(s).

FOR OFFICE USE ONLY

Membership No. : _____

Admitted on: _____