



INDIAN SOCIETY FOR ATHEROSCLEROSIS RESEARCH

APPLICATION FORM FOR MEMBERSHIP

Name: Dr. /Mr./Mrs.: -

First Name

Middle Name

Surname

PHOTO

Designation &
Affiliation: -

Home Address: -

Mobile No.:-

E-mail :-

Academic
Qualifications: -

Applicant's Signature

Date:

Date of birth:

LIFE MEMBERSHIP FEES ISAR & IAS & STATE CHAPTER: **Rs. 7000** only

PLEASE CHOOSE ANY ONE STATE CHAPTER: DELHI UP BIHAR ASSAM

CHEQUE/ ONLINE TRANSFER DETAILS:

Cheque should be made in name of " Indian Society for Atherosclerosis Research" payable at Delhi.
For online transfer: Indian Society for Atherosclerosis Research; Account no.3009101059892; IFSC Code: CNRB0003009; UCMS AND GTB BRANCH, DELHI.
Send the complete application with DD/ Cheque/ Online transfer details by post to:

Dir. Prof. Amitesh Aggarwal

Secretary, ISAR

D 72, Sector 20, Noida, UP 201301

Mobile :- 9811060025

E-Mail :- isarsecretary@gmail.com

Scanned copy of form & UPI details can
be mailed to-isarsecretary@gmail.com

Date of Approval

Membership Number

Signature Secretary