



INASL

Indian National Association for Study of the Liver

LIFE MEMBERSHIP FORM

I wish to enroll as Life Member of INASL. My details are as follows:

Affix your recent photograph

1. Prefix: Professor/Dr/Mr/Ms _____
2. Name : __ First _____ Middle _____ Surname _____
3. Date of birth: __dd/mm/yyyy_____ Gender : _____
4. Qualifications (Degree/Subject):

5. Correspondence address: _____

City _____ State _____ PIN: _____
6. Official address: _____

City _____ State _____ PIN: _____
7. Telephone Numbers : Residence +91- _____
Mobile +91- _____
Office +91- _____
8. E-mail Id : _____

9. Payment details (Cheque/Draft of Rs 10,000/-; in favour of "INASL" payable at New Delhi)

Bank _____ Cheque/Draft No. _____ Dated _____

Or Online Payment Reference Number _____ Dated _____

10. Application proposers (Two life members)

a. First proposer

i. Name _____ LM No- _____

ii. Address _____

iii. Signature _____

b. Second proposer

i. Name _____ LM No- _____

ii. Address _____

iii. Signature _____

11. Areas of interest _____

In addition to Demand Draft/Cheque, please attach copies of the following documents:

- 1. DM/DNB/PhD Degree**
- 2. State Medical Registration Certificate.**

(Signature of the applicant)

Please send filled application along with above documents and DD/Cheque on the following address:

Prof. Ajay Duseja (Secretary General, INASL)
Professor & Unit Head
Department of Hepatology, Nehru Hospital Extension Block
Post Graduate Institute of Medical Education and Research (PGIMER)
Sector 12, Chandigarh, India - 160012
Phone: 9417007416, 8448911427

INASL Bank Details	
Account Name	INASL
Account Number	32246753355
Bank Name	State Bank of India
Branch Name	Mandir Marg Saket, New Delhi
Branch Code	31580
IFS Code	SBIN0031580