SOCIETY OF PAIN AND PALLIATIVE CARE (SIPP)

Reg. No.: MAH/217/2021 (VASHI, NAVI MUMBAI, MAHARASHTRA)

LIFE MEMBERSHIP FORM

(Name) (Middle Name) (Surname) Sex: Male / Female	Full Name: Dr				(In block letters)
Qualification (University &Year of passing) Specialization: Name of Medical Council: Designation: Permanent Address: Pin		(Name)	(Middle Name)	(Surnan	ne)
Specialization: Name of Medical Council: Designation: Permanent Address: Pin	Sex: Male / Fe	male	Age: years, Date of	of Birth	Blood group:
Name of Medical Council:	Qualification (University &Yea	r of passing)		
Designation:	Specialization:				
Permanent Address:	Name of Medi	cal Council:		Registration No.	·
Pin	Designation:				
Pin					
Pin					
Pin	Corresponden	ce Address:			
E-mail ID:					
I agree to abide by the rules & regulation of Society of Integrated Pain and Palliative Care (SIPP). I wish to join Society of Integrated Pain and Palliative Care (SIPP) as life member/Associate Member and enclose Cheque / D.D. No	Pin	. State	Phone		
I wish to join Society of Integrated Pain and Palliative Care (SIPP) as life member/Associated Member and enclose Cheque / D.D. No	E-mail ID:		Mok	oile No:	
	I wish to join Member and	Society of Inte	egrated Pain and Palliatine / D.D. NoRs	ve Care (SIPP) as li drawn on avor of "Society of	fe member/Associate Date Bank F Pain and Palliative
	given below.			, , , == ==	

Date:

Signature of Applicant

Life Membership Fees:

Within India: Rs 2500/- (inclusive of 18% GST)

NOTE:

- 1. Outstation Cheque should be accompanied by Rs.100/- extra as bank charges.
- 2. Send two passport size photographs for I card
- Postgraduate degree/DNB/Diploma which is recognized by MCI is mandatory*
- 4. Graduate and Post Graduate Degree certificate
- 5. Medical council registration certificate

Cheque in favour of "Society of Integrated Pain and Palliative Care"

NEFT/RTGS banking details (In case of NEFT/RTGS, kindly send the scanned copy of the receipt and duly filled form.)

Bank name: Indian Bank

Branch Address: Sector 17, Vashi, Navi Mumbai

MICR No. 400019101

IFSC Code: IDIB000V514

Bank Account No.: 7022585824

Account Name: Society of Integrated Pain and Palliative Care (SIPP)

Forms to be sent to (email along with soft copies)

Dr Mahesh Menon,

Secretary, Society of Integrated Pain and Palliative Care (SIPP)

Email: sippfounder@gmail.com Mob: +91 7498242830

For Office Use: Receipt No & Year...... LM No..... ALM No.... LFNo...... LFNo..............

Note: *(Medical Doctor with MD or Diploma (Anaesthesia) Qualification recognized by the MCI who is Practicing Anaesthesiologist, MD (Palliative Medicine/care) recognized by the MCI who is practicing Palliative Care Physician, MD (Physical Medicine & Rehabilitation) recognized by the MCI who is practicing PM & Rehabilitation) (Orthopedics) recognized by the MCI who is practicing Orthopedician, DM (Neurology)recognized by the MCI who is a practicing Neurologist, Bachelors/ Masters in Physiotherapy (BPhT/ MPhT), Diplomate in National Board (DNB) of the above mentioned specialties and interested/ engaged in Pain and Palliative Care shall be eligible for Regular Life Membership)