

INDIAN ASSOCIATION FOR BRONCHOLOGY

(Regd. Under The Society Act No. 431 of 1995)

(National Forum for Bronchoscopists and Interventional Pulmonologist)

SECRETARIAT:

Lung Care & Sleep Centre, A/405, Santacruz Sangam Society, Opp. Surya Hospital, S. V. Road, Santacruz (W), Mumbai – 400054 INDIA

Telephone: +91 7738889947/ Email: iabip.sec@gmail.com



Affix Passport
Size
Photograph

APPLICATION FOR MEMBERSHIP

LIFE MEMBERSHIP

NAME: _____ LAST NAME FIRST NAME MIDDLE NAME

SEX : M / F	DATE OF BIRTH:	/ /	DD/MM/YYYY
MEDICAL REGISTRATION NUMBER :			
MAILING ADDRESS: PINCODE:	ACADEMIC POSITION (HOSPITAL AFFILIATION)		
PHONE NO.:	FAX NO.:		
EMAIL:	MOBILE:		
POSTGRADUATE DEGREES			
YEAR OF DEGREE: BRANCH/SPECIALITY/SUPER SPECIALITY: UNIVERSITY: STATE: COUNTRY:			
NO. OF BRONCHOSCOPY DONE BY YOU PER MONTH:	FIBREOPTIC:	RIGID:	
INTRODUCED BY 1	SIGNATURE:		
	NAME:		
	ADDRESS:		
INTRODUCED BY 2	SIGNATURE:		
	NAME:		
	ADDRESS:		

MEMBERSHIP No. ALLOTTED: _____

SIGNATURE OF THE APPLICANT

MEMBERSHIP AMOUNT TO BE PAID TO IAB: Rs. 7,000/-
For payment options see next page.



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PAYMENT OPTIONS:

1. PAYMENT BY CASH/DD/CHEQUE PAYABLE AT MUMBAI

(FOR CHEQUES PAYABLE OUTSIDE OF MUMBAI, PLEASE ADD RS. 100.00)

MAKE CHEQUE/DD PAYABLE TO “INDIAN ASSOCIATION FOR BRONCHOLOGY”

2. DIRECT TRANSFER

NAME OF ACCOUNT: INDIAN ASSOCIATION FOR BRONCHOLOGY

NAME OF BANK: KOTAK MAHINDRA BANK

ACCOUNT NUMBER: 8911170157

IFSC: KKBK0000647

BRANCH: CHURCHGATE