



INDIAN SOCIETY FOR TRAUMA AND ACUTE CARE

(Registered Under "Societies Registration Act – 1860" Registration No. S/60707/2007)

Office : Room No. 305, Main Block, J.P.N. Apex Trauma Center (AIIMS),
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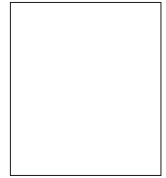
Tel.: 91-11-26108000, 26109000 Ext. 1164, 1070.

Email : istac@hotmail.com

Name: _____

Date of Birth _____ Age _____ Sex _____

Qualifications: _____



Applying for: Life Membership / Associate Membership (for Non-medical professionals)

Nationality: _____ (INDIAN / SAARC /Others)

Postal Address: _____

Permanent Address: _____

Telephone No. _____ Mobile: _____

E-mail: _____

Attachment: _____

Designation : _____

Recommended by _____, Membership No. _____, Sign _____

Mode of payment of Membership dues:

CASH / Cheque / Draft No. _____ Dated _____

Bank _____

(Membership Fee : Life Member Rs. 2000/-, Associate Member Rs. 1500/- Only)

Signatures