

**Society registration no.**

DEL S / 24138 / 1993

# Membership Number

**DSH \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delhi Society of Haematology**

**MEMBERSHIP FORM**

Name Age & Sex

Designation

|  |  |  |
| --- | --- | --- |
|  | **Address** | **Telephone/Mobile No** |
| **Office / Hospital** |  | **Tel:** |
| **Mobile:** |
|  |
| **Residence** |  | **Tel:** |
| **Mobile:** |
|  |

**Email Address**

**NMC/DMC/State Medical Council Registration No.**

**Qualifications**

|  |  |  |
| --- | --- | --- |
|  | **College** | **Year of Passing** |
| **MBBS** |  |  |
| **MD/Diploma** |  |  |
| **Any Other** |  |  |

**Membership of other societies (with Membership no)**

1. .
2. .
3. .

**Areas of interest (other than Haematology)**

**Specialization in any branch of Haematology with experience**

Please give the name, address and DSH Life Membership No. of two referees:   
 1.

2.

PLEASE ENROL ME AS A LIFE MEMBER.

**Signature of Applicant**

Note: Life Membership Fee Rs.2500/- (only digital mode of payment)

Associate member (Student) Fee Rs.500/- (only digital mode of payment)

**DSH account number**: 26400200000075, IFSC code: BARB0SAFECX (it is BARB zero and not O)

Bank of Baroda, Safdurjung Hospital, New Delhi.

Transaction ID/ UPI ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill out the form on a computer, print it, sign it, scan it and send it as a **PDF file** only **by e-mail** to [delhisocietyofhaematology@gmail.com](mailto:delhisocietyofhaematology@gmail.com)

For further information, contact: Dr. Rahul Naithani, Secretary, DSH email:[delhisocietyofhaematology@gmail.com](mailto:delhisocietyofhaematology@gmail.com)