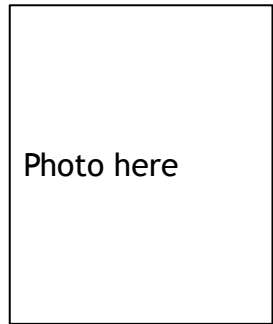




# ENDOCRINE SOCIETY OF INDIA

Chennai

E-mail: [krishnagseshadri@gmail.com](mailto:krishnagseshadri@gmail.com)



## Application for Life Membership

Name\* : \_\_\_\_\_

(Surname)

(First)

(Middle)

Date of Birth\* : \_\_\_\_\_

Designation : \_\_\_\_\_

Address\* : Work : \_\_\_\_\_

Mailing Address: Preference: :

Tick  Work  Residence

Residence: \_\_\_\_\_

Mobile\*: \_( ) \_\_\_\_\_

Telephone No: \_( ) \_\_\_\_\_

Qualifications including graduation (do not include honorary degrees):

Degree	Year	Institute	University

Positions held (Chronological) : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Details of payment:  Cheque  Demand Draft  Electronic transfer payable to "Endocrine Society of India"

**Proposed by** (must be done by two members of good standing - in case of difficulty contact secretary ESI)

ESI Member Name: \_\_\_\_\_ ESI#: \_\_\_\_\_ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ESI Member Name: \_\_\_\_\_ ESI#: \_\_\_\_\_ email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enclose:  completed form  proof of payment  Copy of degrees  copy of registration  curriculum vitae  copy of PAN card # (Please self attest all copies)

Email as PDF with all enclosures to [krishnagseshadri@gmail.com](mailto:krishnagseshadri@gmail.com). OR mail to Dr Krishna G Seshadri 175

Brahmaputra Street Palaniappa Nagar Valasaravakkam Chennai 600087. If receipt by email is not received within 7 days please notify secretary ESI.