



**APPLICATION FOR INSTITUTIONAL MEMBERSHIP**

(TO BE FILLED IN CAPITAL LETTERS)

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

Name of the Institute: \_\_\_\_\_

Name of the Head of Institute: \_\_\_\_\_ Designation: \_\_\_\_\_

Field of Activity: Medical / Educational / Motivational / Social / Commercial / Other: \_\_\_\_\_

Brief Outline of Activity: \_\_\_\_\_

Type of Membership Desired (Please Tick one of the following)

- ☐ Institutional : Rs.10, 000/- for Voluntary Organisations in rural areas  
☐ Institutional : Rs. 20, 000/- for Voluntary Organisations in urban areas  
☐ Institutional : Rs.50, 000/- for Corporate Membership

**Contact Information:**

State: \_\_\_\_\_ District: \_\_\_\_\_ City: \_\_\_\_\_

Contact No(With STD Code): (O) \_\_\_\_\_ (R) \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pincode: \_\_\_\_\_

Would you like to receive: ☐ Asian Journal of Transfusion Science ☐ Motivational Journal ☐ None

**Bank Information:**

Type of payment: Online Transaction Id: \_\_\_\_\_

Amount: \_\_\_\_\_

Please make payment through Demand Draft in favour of "Indian Society of Blood Transfusion and Immunohaematology" payable at Sirsa, Haryana **OR** Deposit in Cash / Transfer Online as per the details given below:

Bank Name : HDFC Bank  
A/C Name : ISBTI

Branch : Sangwan Chowk, SIRSA, Haryana  
A/c No.: 06101450000515 IFSC Code : HDFC0000610

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

**Recommendation by Two ISBTI Members**

	Name	Signature
1.	_____	_____
2.	_____	_____