



Membership Form

Personal Details

Title ☐ Prof ☐ Dr ☐ Mr ☐ Ms ☐ Mrs

First Name _____

Middle Name _____

Last Name _____

Gender Male ☐ Female ☐

Email _____ Phone Number _____

Date of Birth _____ Age _____

Address (Mailing) _____

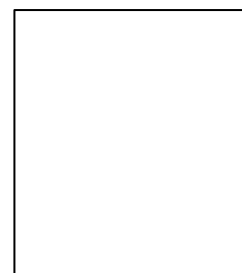
Country _____ State _____

City _____ Zip Code _____

Address (Permanent) _____

Country _____ State _____

City _____ Zip Code _____



Photo

Professional Details

Qualification Details (Attach Proof*)

Current Designation _____

Affiliated Hospital Name & Address _____

Medical Council Number _____ State _____

Speciality _____

***Requirements:**

For Life / Associate Members: Self attested copy of certificates of MBBS, PG Degree/Diploma and copy of registration of State Medical Council is must.

For students: Declaration from HOD of Radiology, Self attested copy of certificates of MBBS, and copy of registration of State Medical Council is must. Without these documents, the membership form will not be accepted.

Membership

Categories	Amount
Life Membership	5000 <input type="checkbox"/>
Associate Membership	5000 <input type="checkbox"/>
Student Membership	Free <input type="checkbox"/>
Trade Membership	25000 <input type="checkbox"/>

Terms and Condition

I declare that the information provided by me on the above form is true and correct.

I understand that STII accepts radiologists as life members and other specialities as associate members. In case payment done by providing false information, membership will be cancelled and the amount will not be refunded.

Mode of Payment**DEMAND DRAFT/CHEQUE -**

Cheque / DD No.: _____

Dated: _____ Drawn on: _____

Amount: _____ Branch: _____

Cheque/DD in favour of **Society of Transplant Imaging and Intervention (India)** payable at Coimbatore.

ACCOUNT DETAILS FOR NEFT / RTGS

Account Name - Society of Transplant Imaging and Intervention

Account Number - 7431789243

Bank - INDIAN BANK

Branch - KMCH GOLDWINS BRANCH

IFSC - IDIBOOOK169

Please send filled Membership form along with cheque / draft at the Secretariat address below

Send Hard Copy to **Dr Venkatesh, Department of Radiology**

No: 99, Avanashi road,

Coimbatore, Tamilnadu, India. Pin - 641014

Phone: 0422 4324962

Send Soft Copy to info.stii22@gmail.com