



Name : .....

Qualification : ..... Date of Birth : .....

Designation : .....

Address:

Workplace .....

.....

Residence .....

.....

Address to be used for correspondence:

Workplace

Residence

Telephone Nos.:

Workplace : .....

Residence : ..... Mobile: .....

E-mail Address : .....

Type of Membership:

Annual Membership Rs. 1,000/-only

Life / Nonresident / Emeritus

Rs. 5,000/-only

Payment Details:

Amount : .....

Cash/Cheque/Demand Draft No. : ..... Dated : .....

Bank: .....

Signature : ..... Name : ..... Date : .....

Please make Cheque / Draft in favour of "INDIAN FERTILITY SOCIETY" payable at New Delhi.

Please attach two recent passport size photographs.

Who can apply for IFS Membership: All professionals with postgraduate qualification such as Obstetricians & Gynecologists, clinical embryologists, andrologists, ultrasonologists, counselors, geneticists and others involved in the care of infertility patients.

Mailing Address:

SECRETARIAT

Indian Fertility Society

IVF Unit, 1st Floor, Gate No. 6, Indraprasatha Apollo Hospitals, Sarita Vihar, New Delhi-110 076

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Mobile: 91-9718388018 (Ms. Meena) • 91-9810116623 (Dr. Sohani Verma- General Secretary)

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