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| Indian  **Fertility** Society Membership Request Form |

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**Name**: .............................................................................................................................................................................

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

**Designation**: ....................................................................................................................................................................

**Address**:

Workplace:...........................................................................................................................................................

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Residence: ...........................................................................................................................................................

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Address to be used for correspondence: Workplace Residence

**Telephone Nos.:**

Workplace : ......................................................................................................................................................................

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

E-mail Address : ...............................................................................................................................................................

**Type of Membership:**

Life / Nonresident / Emeritus Rs. 7,000/- 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 attaché two recent passport size photographs.

**Who can apply for IFS Membership :** All Professionals with postgraduate qualification such s Obstetricians & Gynaecologists, Clinical embryologists, andrologists, ultrasonologists, counsellors, geneticists and other involved in the care of infertility patients.

Mailing Address:

**SECRETARIAT**

**Indian Fertility Society**

Flat No.302, 3rd Floor, Kailash Building,

Kasturba Gandhi Marg, C.P, New Delhi-110001  
Mob: 91- 9899308083

Email: [Indianfertilitysocietydelhi@gmail.com](mailto:Indianfertilitysocietydelhi@gmail.com) Website: www.indianfertilitysociety.or