



INDIAN ASSOCIATION FOR BRONCHOLOGY

(Regd. Under The Society Act No. 431 of 1995)
(National Forum for Bronchoscopists and Interventional Pulmonologist)

IAB OFFICE:

C/O. Dr. Amita Nene, 8d, Ajanta Apartments M. L. Dahanukar Marg, Off.
Pedder Road,
Mumbai – 400026 India

Telephone: +91-9324536969 / Email: iabsecretaryoffice@gmail.com

Affix Passport
Size
Photograph

APPLICATION FOR MEMBERSHIP

LIFE MEMBERSHIP

NAME: _____ LAST NAME FIRST NAME MIDDLE NAME

SEX : M / F		DATE OF BIRTH:		/ / DD/MM/YYYY
MEDICAL REGISTRATION NUMBER :				
MAILING ADDRESS: PINCODE:		ACADEMIC POSITION (HOSPITAL AFFILIATION)		
PHONE NO.:		FAX NO.:		
EMAIL:		MOBILE:		
POSTGRADUATE DEGREES				
YEAR OF DEGREE:				
BRANCH/SPECIALITY/SUPER SPECIALITY:				
UNIVERSITY: STATE:				
COUNTRY:				
NO. OF BRONCHOSCOPY DONE BY YOU PER MONTH:	FIBREOPTIC:		RIGID:	
INTRODUCED BY 1	SIGNATURE:			
	NAME:			
	ADDRESS:			
INTRODUCED BY 2	SIGNATURE:			
	NAME:			
	ADDRESS:			

MEMBERSHIP No. ALLOTTED: _____

SIGNATURE OF THE APPLICANT

MEMBERSHIP AMOUNT TO BE PAID TO IAB: Rs. 14,750/-



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PAYMENT OPTIONS:

1. PAYMENT BY CASH/DD/CHEQUE PAYABLE AT MUMBAI

(FOR CHEQUES PAYABLE OUTSIDE OF MUMBAI, PLEASE ADD RS. 100.00)

MAKE CHEQUE/DD PAYABLE TO “INDIAN ASSOCIATION FOR BRONCHOLOGY”

2. DIRECT TRANSFER

NAME OF ACCOUNT: INDIAN ASSOCIATION FOR BRONCHOLOGY

NAME OF BANK: KOTAK MAHINDRA BANK

ACCOUNT NUMBER: 8911170157

IFSC: KKBK0000647

BRANCH: CHURCHGATE