



INDIAN EPILEPSY SOCIETY
MEMBERSHIP FORM

Paste passport size
photograph here

Name: Last Name: _____ Fist Name: _____

Date of Birth: Date: _____ Month _____ Year _____

Address: 1. Home : _____

City _____ State _____ PIN Code _____ Telephone/Fax _____

2. Office: _____

City _____ State _____ PIN Code _____ Mobile: _____ Fax: _____

Email Address: _____ Preferred mailing address: Home / Office

4. Present Position Held: _____

5. Payment Details a) Pay by cheque payable to **Indian Epilepsy Society**

Name of Bank _____ Cheque No. _____ Date: _____

Amount: **Rs.2380/- (Inclusive of GST)** OR by b) wire transfer after sending completed form by e mail with wire transfer no and date of transfer.

Account Name : Indian Epilepsy Society	Account Number : 10874588887	Bank Name: State Bank of India
SBI Branch Name / Office Name : School Junctions Elamakkara	IFSC Code: SBIN0070782 , Branch code : 70782	SBI Branch MICR code: 682002943

6. Are you a member of Indian Epilepsy Association (IEA): Yes / No

Date of joining IEA----- IEA Membership no. -----

Signature of the applicant

Proposer Signature:

Seconded Signature:

Name:

Name:

IES Membership No.:

IES Membership No.:

Please enclose photo-copy of qualification degree(s).

Mailing Address:

Dr. Manjari Tripathi
Secretary-General
Indian Epilepsy Society
Professor Neurology
NIH Fellow (UCLA)
Department of Neurology
Room No 705, Neurosciences Centre
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
New Delhi, India, 110029.
Email: - secretarygeneralies@gmail.com
mtripathiaims@gmail.com

FOR OFFICE USE ONLY
Membership No. : _____
Admitted on: _____