



## INDIAN EPILEPSY SOCIETY MEMBERSHIP FORM

Name: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: Date: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: 1. Home : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PIN Code \_\_\_\_\_ Telephone/Fax \_\_\_\_\_

2. Office: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PIN Code \_\_\_\_\_ Mobile no: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred mailing address: Home / Office

4. Present Position Held: \_\_\_\_\_

**Payment Details** (Pay by cheque or wire transfer payable to **Indian Epilepsy Society, Hyderabad** ).

Account Name : <b>Indian Epilepsy Society</b>	Account Number : <b>10874588887</b>	Bank Name: <b>State Bank of India</b>
SBI Branch Name / Office Name : Chikoti gardens-Begumpet Hyderabad	IFSC Code: <b>SBIN0020299</b> , Branch code : <b>20199</b>	SBI Branch MICR code: <b>500002305</b>

Name of Bank\_Cheque No./ \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**Life Membership Fee** **Rs 2360/- (Inclusive of GST)**

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

If Yes, Please give Details : Annual / Life member

Date of joining IEA :

IEA Membership no. :

Signature of the applicant

Proposer Signature:

Name:

IES Membership No.:

Mailing Address:

Seconded Signature:

Name:

IES Membership No.:

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

**Dr. Vinayan K.P**

**Secretary-General, Indian Epilepsy Society**

**Professor & Head Pediatric Neurology, Amrita Institute of Medical Sciences**

**64/4114C, Kerala Association of Neurologists, IMA House**

**Jawaharlal Nehru Stadium, PIN: 682025, Kathrikadavu Road**

**Palarivattom, Ernakulam, Kerala**

**Email: - iessecretary2023@gmail.com /drvinayan@gmail.com**

**FOR OFFICE USE ONLY**

Membership No. : \_\_\_\_\_