



INDIAN EPILEPSY SOCIETY MEMBERSHIP FORM

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

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

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

FOR OFFICE USE ONLY

Membership No. : _____