

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. 11,800/-
For payment options see next page.



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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