

## Life Membership Form (Pay only in Indian Rupees)

Title Name in Full (USE BLOCK LETTERS)	
Professional Qualifications	
Present Position and Address	
Address for Correspondence	
Contact Information	Work Phone: Home Phone: Mobile: E-mail:
Nature of present work / Research Interests (Please give a brief write-up)	
Signature	

Please print out, fill-up this life membership form & attach a Cheque / Demand Draft for Rs. 5,000.00 drawn on any nationalized bank favoring “**DSCE-ISMRRM INDIAN CHAPTER**” payable at **Bangalore**, towards Life Membership fee and send it to **Dr. Sairam Geethanath, Secretary ISMRM Indian Chapter, Associate Professor, Dept. of Medical Electronics, Dayananda Sagar College of Engineering, Bangalore – 560078, India**. The receipt will be sent to you. Bank transfer can also be done and the bank account # 2512101019839. Bank and Branch Name: Canara Bank, Padmanabhanagar branch Bangalore – 560070, India. IFSC code: CNRB0002512. **Fee should be paid in Indian rupees only.**

Cheque / D. D. No.	Date
Drawn on	Amount Rs.

### ISMRM Indian Chapter

(Affiliate of International Society for Magnetic Resonance in Medicine, ISMRM, USA)

Reg. Office: Medical Imaging Research Centre, Dayananda Sagar College of Engineering, Kumaraswamy Layout, Bangalore - 560078

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