



# Hypertension Society of India

## MEMBERSHIP FORM

(Please fill up this form in block letters)

Membership Fees (Non-Recurring)	
Honorary Patrons	Rs. 25,000/-
Corporate Members	Rs. 10,000/-
Life Members	Rs. 2,500/-
Affiliated Life Members (Non - Medical)	Rs. 1,000/-

The Secretary General,  
Hypertension Society of India,  
Dr. B.R. Bansode,  
Dr. Babasaheb Ambedkar Memorial Hospital, Room No. 101, 1st floor,  
Central Railway, Byculla, Mumbai - 400 027.  
e-mail : brbhsi11@gmail.com

No. \_\_\_\_\_

Date \_\_\_\_\_

We hereby propose the admission of

Name (in full) : \_\_\_\_\_

Qualifications : \_\_\_\_\_  
(Mention the branch of Medicine in which Postgraduate qualification is obtained)

University : \_\_\_\_\_

Year of obtaining first Postgraduate qualification: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ PIN

Tel (Office): \_\_\_\_\_ Tel (Resi): \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

as a ☐ Honorary Patrons ☐ Corporate ☐ Life ☐ Affiliated Life member of the Society.  
(Please ✓ appropriate)

To the best of our knowledge and belief the above particulars are correct, and we consider him/her a fit and proper person to be admitted as a member of the Society.

LIFE MEMBER Subscription : Rs. \_\_\_\_\_ (Inclusive of Admission Fee)

Rupees \_\_\_\_\_ is herewith forwarded by Bank Draft/Cheque (For outstation cheques please add Rs 75/- extra as bank charges) drawn in favor of Hypertension Society of India.

Signature of Proposer

Signature of Seconder

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

Subject to approval of the Governing Body in an ordinary or a special meeting. I agree to become a member and if admitted, to abide by the Rules and Regulations of the Society.

Signature of Candidate

Note by Secretary

XEROX COPIES OF REGISTRATION WITH MEDICAL COUNCIL AND POSTGRADUATION CERTIFICATE BY A  
RECOGNISED UNIVERSITY SHOULD ACCOMPANY THE APPLICATION FORM.

### Provisional Receipt

Received from Dr. \_\_\_\_\_ cheque/DD/cash Rs. \_\_\_\_\_

dated \_\_\_\_\_, drawn on \_\_\_\_\_ Bank \_\_\_\_\_ Branch towards

Life membership fee for Hypertension Society of India.

Authorised Signatory