APPLICATION FOR INDIVIDUAL MEMBERSHIP
(TO BE FILLED IN CAPITAL LETTERS)

INDIAN SOCIETY OF BLOOD TRANSFUSION & IMMUNOHAEMATOLOGY
National Organization on Blood Transfusion Medicine, Blood Banking & Donor Motivation
#1410 Sector 16-17, Hisar- 125005 Haryana, India
Ph: +91- 1662245343 Email: isbti.org@gmail.com www.isbti.org

PERSONAL INFORMATION
Name of the Applicant: ___________________________ E-mail address: ___________________________
Father’s/Husband’s Name: ___________________________ Date of Birth: _______________
Blood Group: ____ No. of times donated blood: ____ Qualification: __________________
Field of Activity: Medical / Educational / Motivational / Social / Commercial / Other:____________
Brief Outline of Activity: ___________________________________________________________________
_______________________________________________________________________________________

CONTACT INFORMATION
State: ____________ District: _______________ City: _______________
Contact No (With STD Code): (O) ________________ (R):_______________Mobile_____________
Address: _________________________________________________________________________________
_______________________________________________________________________________________
Pin code: __________________________

Bank Information:
Type of payment: Cash/Cheque/Draft/Others Draf/Cheque No: ___________________________
Name of Bank: ____________ Branch: ____________ City: ____________ Amount: _______
Life time Membership Fee : Rs.1,000/- for Individuals
Please make payment through Demand Draft in favour of “Indian Society of Blood Transfusion and
Immunohaematology” payable at Sirsa, Haryana OR

Deposit in Cash / Transfer Online as per the details given below:
Bank Name : HDFC Bank Branch : Sangwan Chowk, SIRSA, Haryana
A/C Name : ISBTI A/c No.: 06101450000515 IFSC Code : HDFC0000610

Signature of Applicant: ___________________________

Recommendation by Two ISBTI Members: Name Signature
1. _________________________________________________________________________________
2. _________________________________________________________________________________

FOR OFFICE USE
Receipt No.: ___________________________ Chapter Code No.: ___________________________

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