



INDIAN EPILEPSY SOCIETY
MEMBERSHIP FORM

Name: Last Name: _____ First Name: _____

Date of Birth: Date: _____ Month _____ Year _____

Address: 1. Home : _____

City _____ State _____ PIN Code _____ Telephone/Fax _____

2. Office: _____

City _____ State _____ PIN Code _____ Telephone: _____ Fax: _____

Email Address: _____

Preferred mailing address: Home / Office

4. Present Position Held: _____

5. Payment Details (Pay by cheque payable to **Indian Epilepsy Society at New Delhi**).

Name of Bank _____ Cheque No. _____

Date: _____ Amount: _____

Life Membership Fee : Rs 2000/-

6. 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. Manjari Tripathi
Secretary-General
Indian Epilepsy Society
Professor Neurology
NIH Fellow (UCLA)
Department of Neurology
Room No 705, Neurosciences Centre
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
New Delhi, India, 110029.
Email :- secretarygeneralies@gmail.com /
mtripathiaiims@gmail.com

Paste passport size
photograph here

FOR OFFICE USE ONLY

Membership No. : _____

Admitted on: _____