



Research Society of Anaesthesiology Clinical Pharmacology

www.rsacp.com

APPLICATION FORM FOR LIFE-MEMBERSHIP

NAME IN FULL _____

DATE OF BIRTH _____

QUALIFICATION _____

DESIGNATION _____

POSTAL ADDRESS _____

CITY: _____ PIN CODE _____

STATE: _____ COUNTRY _____

TEL. NO. _____

E-MAIL _____

Name and Membership No. of Two Referees

1. _____

2. _____

Mode of Payment: Cash/Bank Draft/Cheque/Mail Transfer, No. _____ Amount _____

(Bank) _____ Date _____

Date: _____ Place _____ Signature _____

Drawn in favour of "RSACP" - payable at **Rohtak** (Please add Rs. 50/- for outstation cheques)

Mail transfer: Account No. 2057101016675 of "RSACP" Canara Bank, Outer Quilla Road Branch,

Rohtak, Haryana, IFS Code: CNRB 0002057

LIFE MEMBERSHIP FEE	INDIA	SAARC (Add US\$30 for Air Mail)	OTHERS
	Rs. 5000/-	US\$400.	US\$800.

**Application Forms duly completed with details of payment can be submitted by e-mail to
drnaveenmalhotra@yahoo.co.in**

For Office Use Only: MEMBERSHIP No. _____

Date _____

Send to:

Dr. Naveen Malhotra,

Secretary RSACP National

128/19, Naveen Niketan, Doctors Lane,

Near Civil Hospital, Rohtak-124001, Haryana, India

Phone: +91-9812091051

E-Mail: drnaveenmalhotra@yahoo.co.in

Website: www.rsacp.com