



# Telemedicine Society of India (TSI)

(Recognized under Societies Registration Act, 1860)

## FELLOW MEMBERSHIP FORM

Name: **Mr./Ms./Mrs./Dr./Prof./M/s.** \_\_\_\_\_

TSI Life Membership : \_\_\_\_\_  
(LM) Number \_\_\_\_\_

Contact details : Current Firm/Company Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Address (Office): \_\_\_\_\_ (Residence) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ph. (Off) : \_\_\_\_\_ Mobile: \_\_\_\_\_

Ph. (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Proof of ID: PAN Card No. (Person/Company) : \_\_\_\_\_ Or

: Aadhar Card No. (Person/Company): \_\_\_\_\_

*Mandatory fields are marked with an asterisk (\*)*

\*Have you completed 5 years of Life Membership (as given in your certificate): Yes

No

\*Did you attend any National Conference during last 3 years: Yes

No

(If yes give details, viz. conference registration no/receipt no.)

*\*Fellow Membership application fee: Rs. 300/-*

(Note: There is no membership fee but application fee is applicable.)

### Payment Detail:

Drawn in favour of “Telemedicine Society of India” Payable at **Lucknow** along with Bio-Data / CV.

For Online Transfer at State Bank of India”, IFSCCode: SBIN0007789; TSI A/C No. **33659660395**

NEFT/DD / Cheque No.: \_\_\_\_\_ Date: \_\_\_\_\_ (Add. Rs.50/- if

outstation cheque) Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Signature : \_\_\_\_\_

**Send the detail by post to :** Prof. Prasanta Kumar Pradhan, Hony. Secretary-TSI, STBMI/SGPGIMS, Raebareli Road, Lucknow-226014, U.P., India.

Mobile: +91-94154 03143 & 0522-2494617

Email: [hon.secretary.tsi@gmail.com](mailto:hon.secretary.tsi@gmail.com), [joint.secy.tsi@gmail.com](mailto:joint.secy.tsi@gmail.com)