



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 2 years: Yes No

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

Tick mark the conference's attended 2017 2018 2019 2020 2021

**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 : Telemedicine Society of India, C/o Dr. Murthy Remilla, Hon Secretary, Room No.: 303, 2nd Floor, STBMI/SGPGIMS, Raebareli Road, Lucknow-226014, U.P., India.

Mobile: +91-9980853662 & +91-9956685150

Email: hon.secretary.tsi@gmail.com