

INDIAN SOCIETY FOR THIRD PARTY ASSISTED REPRODUCTION

President

Dr. Himanshu Bavishi

6, Jawahar Nagar SOC,

Bhattha Paldi,

Ahmedabad-380007

Mob.: +91 7926574901

E-mail: drhbavishi@gmail.com



INSTAR*
Ethics Empower Research

General Secretary

Dr. Shivani Sachdev Gour

SCI Healthcare & ISIS Hospital

A-1, Kailash Colony,

New Delhi- 110048

Mob.: +91 9910315354

E-mail: drshivanisachdev@gmail.com

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Dr. Anoop Gupta

Senior Vice President

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Dr. Samundi Sankari

Vice President

Dr. Rita Bakshi

Finance Secretary

Dr. Vikas Bajaj

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Dr. Vishnukanth Deene

International Member

Dr. Mariam Kukunashvili

MEMBERSHIP REGISTRATION FORM

Title- Dr/ Mr. / Ms.

Surname

Middle name

First name

Designation-

Office/ Clinic/ Hospital Address-

Phone number (with STD/ ISD code):

Email:

Academic Qualification:

Area of Interest:

Nominated by:

His/her Membership Number:

DD should be made in favor of treasurer payable at Delhi.

Declaration by the Member (INSTAR)

I _____ s/d//w/o _____ R/o _____ and a _____ (by profession) hereby solemnly declare as follows.

1. I request to be a member of the society (INSTAR).
2. I shall abide by the rules and regulations of the society (INSTAR). In the event of breach of any rules and regulations of the society, I understand that my membership shall be terminated.
3. I acknowledge and accept that the membership fee is non-refundable.

I have executed the Declaration on this _____ date of _____, 2013 after reading and understanding the contents of the Declaration.

Signature