

# Pediatric Rheumatology Society



Chandigarh, India  
Phone: 9831061736

Email: [drvigneshpgi@gmail.com](mailto:drvigneshpgi@gmail.com)  
Web: [www.pedrheumatindia.org](http://www.pedrheumatindia.org)

## Pediatric Rheumatology Society Application form

Please type or fill in BLOCK LETTERS:

Title (Mr/Mrs; Dr/Prof):.....

Surname: .....

First Name:.....

ADDRESS (please provide the full address you would like to use for regular correspondence)

Street:

City:

Pin:

State:

Other Details (please provide other details like Office Address, designation to the current post and age)

Designation:

Age:

Address:

Office:

CONTACT Nos: (including dialing codes)

Res Phone:

Mob no:

Email id:.....

Regarding suitability of the candidate for Pediatric Rheumatology Society membership by the proposer (the applicant's membership should be proposed by a Life member of PEDIATRIC RHEUMATOLOGY SOCIETY)

Proposer's Name:.....

Signature:.....

Address of the Proposer:

.....  
.....

Mob:.....

E-mail ID:.....

APPLICANT'S SIGNATURE: .....

REMITTANCE DETAILS (please enclose with the application form, a crossed demand draft for **Rs 3000/-** in favor of: "Pediatric Rheumatology Society " payable at Kolkata, INDIA)

DD Number:.....

Dated: .....

Bank: .....

**The amount can be sent by NEFT to SBI Park circus branch, Kolkata,**

**A/C no 35580222284**

**IFSC code SBIN0001749**


Please send the completed application form with all enclosures to:

Important Information:

1. Fees can only be paid by DEMAND DRAFT in favor of "Pediatric Rheumatology Society "

payable at Kolkata, INDIA.(CASH or CHEQUE are not accepted).

Life Members : **Rs. 3,000.00** (Rupees Three Thousand Only)



2. Documents to be attached

1. Photocopy of Post graduate degree
2. Recent Passport size Photograph
3. CV in the format given below
4. Certificate of attendance of CME/Conference e
5. Demand draft Payable at Kolkata, INDIA.

3. Membership should be proposed by an active life member of PEDIATRIC RHEUMATOLOGY SOCIETY

4. Incorrect / Incomplete forms shall delay processing.

CV for PEDIATRIC RHEUMATOLOGY SOCIETY membershipName:

Age

Gender:

Professional Qualifications: Kindly mention the University and College

1. MBBS-
2. MD-
3. DCH-
4. DNB-
5. Any specialization in Pediatric Rheumatology

Write five lines on why you want to join PEDIATRIC RHEUMATOLOGY SOCIETY including contribution to Rheumatology (if any)

Publications/Awards: If any