



Diabetes in Pregnancy Study Group India

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MEMBERSHIP FORM

Name

Field of Practice (Pls Tick)

Physician Ob & Gyn Diabetology
Endocrinology Paediatrics Any other

Address for Communication:

.....

.....

Tel No. : Mobile:

E-mail

Cheque /DD/Cash (

(Please add Rs 50 for outstation cheques)

To be drawn in favor of "DIPSI" payable at Chennai.

Cheque / DD No. Dated...../...../..... For Rs/-

(Rupees

.....)

Drawn on (name of the bank

.....)

I hereby wish to become a member in Diabetes in Pregnancy Study Group India

Signature

Life Membership Fees:

From December 2010 Rs. 3,000/-

Please enclose this Registration Form along with cheque / demand draft and send to the address below

Diabetes in Pregnancy Study Group India

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