

Fragility Fracture Network of India (IFFN)

Membership Application Form

Date: _____
First Name: _____ Middle: _____ Last: _____
Date of birth: _____ Degree: _____ Designation: _____
Name of Hospital: _____ Mailing address: _____
City + Code: _____ State: _____
Phone Nos: _____ Mobile No: _____
E-mail: _____

Present University / Institutional / Organizational Affiliations

Payment Detail

Enclosed Cheque/DD/ No. _____ Dated _____
for Rs. _____ (Rupees _____)
Drawn on _____ towards Lifetime Membership
of IFFN.

Membership Fee

Remit appropriate amount payable to Fragility Fracture Network of India (IFFN) at New
Delhi (India)

Our Bank details : A/c Name : Fragility Fracture Network of India (IFFN)

Account Name: FFN India
Account No: 37244525018
Bank Detail: SBI, Ansari Nagar, AIIMS, New Delhi
IFSC Code: SBIN0001536
Pan card No: AAAAF5526D

Lifetime Membership Fees:

Rs.2,500 or US\$ 250 or Pound Sterling 200

Please add **18% GST** while sending your fee. Our GSTN No. is