



# MEMBERSHIP FORM FOR INDIAN SOCIETY OF SPORTS AND EXERCISE MEDICINE (ISSEM)

Full Name: .....

Gender: ..... Date of Birth: .....

Designation / Current Position / Job Profile (if any): .....

Address of Correspondence: .....

Permanent Address: .....

Email: ..... Contact No.: .....

**Click the appropriate choice [ ✓ ] and provide corresponding information:**

[A] Only Doctor of Modern Medicine who have or pursuing recognized or approved specialization (post graduate diploma and/or degree etc) and/or super specialization in Sports Medicine and/or Sports & Exercise Medicine

If you are Code A, please write your qualification(s) with year of completion below:

.....

Please write briefly about your experience and key contribution in the field of Sports-Exercise Medicine & Sciences:

.....

[B1] Only Doctor of Modern Medicine who have or pursuing recognized or approved specialization (post graduate diploma and/or degree etc) and/or super specialization in Orthopaedics, Physical Medicine & Rehabilitation, and Physiology.

If you are Code B1, please write your specialization or working field or area & qualification(s) with year of completion below:

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Please write briefly about your experience and key contribution in the field of Sports-Exercise Medicine & Sciences:

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[B2] Only doctors of modern medicine who have or pursuing post-graduate qualifications in Sports Medicine, and/or Sports & Exercise Medicine, apart from the recognized or approved specialization (post-graduate diploma and/or degree etc) and/or super specialization as in case of Code A. Doctors of modern medicine with vast and rich working experience, and much respected in the field of sports medicine and/or sports & exercise medicine but without any formal qualifications in sports-exercise medicine & sciences are also included:

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Please write briefly about your experience and key contribution in the field of Sports-Exercise Medicine & Sciences:

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[C1] Only Doctor of Modern Medicine who have or pursuing post graduate qualifications apart from those mentioned in Code A, Code B1 and Code B2.

If you are Code C1, please write your specialization or working field or area & qualification(s) with year of completion:

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Please write briefly about your experience and key contribution in the field of Sports-Exercise Medicine & Sciences:

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[C2] Only Doctor of Modern Medicine graduates (recognized or approved MBBS or similar recognized qualification)  
If you are Code C2, please write your specialization or working field or area & qualification(s) with year of completion:

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Please write briefly about your experience and key contribution in the field of Sports-Exercise Medicine & Sciences:

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[D] Those having other recognized or approved medical, paramedical, and all other health professional qualifications which are not mentioned in Code A to C.  
If you are Code D, please write your specialization or working field or area & qualification(s) with year of completion:

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Please write briefly about your experience and key contribution in the field of Sports-Exercise Medicine & Sciences:

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[E] All those having recognized or approved qualifications in sports & exercise sciences and allied sciences.  
If you are Code E, please write your specialization or working field or area & qualification(s) with year of completion:

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Please write briefly about your experience and key contribution in the field of Sports-Exercise Medicine & Sciences:

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[F] All those who are not included in any of the above code (Code A to E).  
If you are Code F, please write your specialization or working field or area & qualification(s) with year of completion:

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Please write briefly about your experience and key contribution in the field of Sports-Exercise Medicine & Sciences:

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**Detail of membership fee paid (Online transaction details)**

Issuing Bank Name: ..... Issuing Bank Branch Name & Code: .....

..... Date & Time of Payment: .....

INB Reference Number or Internet Banking Transaction No. & Details: .....

..... Amount (in Rs): .....

**How can you contribute for the betterment of ISSEM?**

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Signature:

Date: