



# Indian Speech and Hearing Association (ISHA)

(Regd. under the Karnataka Societies Registration Act. Karnataka Act No. 17 Registration No. S 25/67-68)

Regd. Off : P. O. Box - 4, AIISH, MYSORE - 570 006.

## APPLICATION FOR MEMBERSHIP

Name : \_\_\_\_\_ Surname : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age : \_\_\_\_\_ Gender : \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

### **Professional Affiliation:**

1. Speech Pathologist                       3. Otorhinolaryngologist   
2. Audiologist                               4. Others (Specify): \_\_\_\_\_

### **Educational Qualification:**

S.No.	Degree	Year of Passing	Institution/University

**Present Employment:**

Designation: \_\_\_\_\_

Employer: \_\_\_\_\_

Working Address: \_\_\_\_\_

(Fill in, if different from mailing address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail : \_\_\_\_\_

Proposed By : (Name & Address)

Seconded By : (Name & Address)

Membership No.:

Membership No.:

Signature:

Signature:

**Payment Details:**

DD Number: \_\_\_\_\_ Date: \_\_\_\_\_ Payable at: \_\_\_\_\_

Bank Transaction details: \_\_\_\_\_

I have read the by-laws of the association. I hereby promise to abide by the by-laws of the Association.

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

(typing your name here is your signature)

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Admitted as Ordinary / Associated / Student / Life member by the Executive Council from at it's meeting held on and ratified by the General Body of ISHA held at on and membership number is

Place: \_\_\_\_\_

Hon. Secretary: \_\_\_\_\_

Date : \_\_\_\_\_

## **INSTRUCTIONS and INFORMATION**

- Please type the application form or write using block letters.
- Please send a copy of your BIO-DATA with the application.
- Please send a recent passport and stamp size photograph
- Please send attested copies of your education qualification, and RCI membership (if any).
- Details of fee structure for various categories of membership

### **Filled up applications may be sent to:**

**Krishna Y**, Ph.D (Sp & Hg); CCC-A  
Honorary General Secretary  
Indian Speech & Hearing Association,  
Department of Speech and Hearing,  
Manipal College of Allied Health Sciences,  
Manipal University, Manipal – 576 104  
Karnataka, India  
Tel: +91 9483931969  
Email: secretary.ishaindia@gmail.com  
Fax: +91 820 2571928

**Please, inform ISHA if there is any change in your  
i) Address ii) Designation iii) Educational Qualification.**

### **Check list:**

- Filled in application form
- One Passport size photo
- One Stamp size photo
- Attested Certificates
- Fees(DD/online transaction details)