



I also promise to abide by the by-laws, rules and regulations of the association. I also understand that in the event of any information I also hereby promise to abide by the by-laws, rules and regulations of the association. I also understand that in the event of any information been found false or incorrect at any stage, my registration is liable to be cancelled.

Place

Signature

Date

Name

Nature of Membership applied for :

Life Membership       Ordinary Membership       Student Membership

If Student Membership

Name and address of the College.....

.....

Course.....Semester ..... Year of Admission ..... Year of completion.....

**Certificate from the Head of the Institute (For student membership)**

This is to certify that the applicant is a bonafide student of this institution and declare that I personally know the applicant and confirm his / her identity and address

Date

Office seal

Signature

Principal / Head of the Institute

Mode of Payment      **NEFT**

**General instructions :**

1. Membership fee - Life Membership Rs. 1,600/- . Ordinary Membership Rs. 250/- per course.
2. An additional Rs. 50/- as processing fees to be added for all category of membership.
3. Membership fess (including processinf fee) to be transfered via NEFT to the following bank account:  
AC Name: Indian Speech Language and Hearing Association Kerala State Branch, AC No. 37757347631, IFSC: SBIN0018168,  
Bank Name: SBI, Ponekkara, Ernakulam, AC Type: Current.
4. Enclose copy of self attested Degree / Post Graduate certificates.
5. Please send the duly filled application along with NEFT details to:

Mr. Jabir P.M.

General Secretary

Asst. Professor, Dept. of Audiology / Speech Language Pathology

Room No. 7133-C, Block, Baby Memorial Hospital, Arayidathupalam, Calicut - 673 004, Kerala

Mob. +91-7025499222, 91-9895499222 e-mail : ishaksbsecretary@gmail.com

**FOR OFFICE USE ONLY**

Ref. No.

Admitted as ..... member by the executive council from .....

at it's meeting held on ..... and certified by the general body of ISHA-KSB held

at ..... on ..... membershiip nuber ..... Receipt No. ....

Dated .....