

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 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 Associate membership

If student membership

Name and Address of the College.....

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

Certification 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 th applicant and confirm his/her identity and address.

Date:

Office seal

Signature
Principal/Head of Institute

Mode of payment DD Cash

If DD, No..... Amount..... Bank..... Date.....

General Instructions:

- 1 Membership fees- *Life membership* Rs. 1000/-; *Ordinary membership* Rs.250/year; *Associate membership* Rs. 250/year, *Student membership* Rs.250/- per course.
- 2 An additional Rs.50/- as processing fees to be added for all category of membership.
- 3 DD should be drawn in favour of INDIAN SPEECH & HEARING ASSOCIATION KERALA STATE BRANCH payable at: Kannur.
- 4 Enclose copy of self attested Degree/ Post Graduate Certificates.
- 5 Please send the duly filled application to:
DR PREM G
Honorary General Secretary.
ISHA-Kerala State Branch
Associate professor and head,
Dept of speech pathology and Audiology
Amrita institute of medical science(AIMS)
Ponekkara,kochi,kerala,pin-682041
Mob-09745647177 Email-premaud@gmail.com

FOR OFFICE USE ONLY

Ref No:

Admitted asmember by the executive council from..... at its meeting held on
and certified by the general body of ISHA- KSB held at..... On..... Membership number
..... Receipt No..... Dated.....