



Indian Neurogastroenterology & Motility Association
(www.gimotilityindia.in)
Formerly named Indian Motility & Functional Diseases Association

First name:

Middle name(s):

Last name:

Date of Birth:

Gender:

Degree*:

Current position:

Institution:

Address (Residence):

City:

State:

Country:

Zip code:

Phone number (Office; include country and area code):

Whatsapp no.

Fax number (Office; include country and area code):

E-mail address:

Research interest:

IMFDA Membership Fees- Rs 5000/- + 18% GST

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PAN Number: AAAA14733K

Candidate Signature:

Proposed by:

DD/Online:-

In favour of "**Indian Motility and Functional Diseases Association**"

Account No. 32101510828

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For online payment transaction, please send the form and transaction details to Email:

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Please post the form and DD to:

Prof. Uday C Ghoshal

Type V-B/9, SGPGIMS Campus (Old campus)

Rae Bareli Road, Lucknow

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Phone No. 9628842456

*Attach Degree Certificate, State Medical registration Certificate (Medical Doctors)/
Experience Certificate (for PhD).