



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):

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

WhatsApp No.

E-mail address:

Research interest:

Candidate Signature: Proposed by:

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

GST: 09AAAAI4733K1ZJ

PAN Number: AAAAI4733K

Online transaction:

In favor of “**Indian Motility and Functional Diseases Association**”

Account No. 32101510828

State Bank of India, SGPGIMS, Rae Bareli Road, Lucknow

Branch Code: 7789

IFSC Code: SBIN0007789

Please send the scanned and signed copy of form, degree certificates, and online transaction receipt to:

giphsiology@gmail.com

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