



## MEMBERSHIP FORM FOR TRANSPERSON

First Name	Middle Name (Optional)	Last Name
<b>Address</b>		
<b>Qualification and Work Experience</b>		



### Company Information

<b>Company/Institution</b>
<b>Department and Designation</b>
<b>Mobile Phone</b>
<b>Website</b>
<b>Email Address</b>

I am opting for (please tick ✓ one of the following):

Lifetime membership (INR 5,000/-)	<input type="checkbox"/>
Annual membership (INR 2,000/-)	<input type="checkbox"/>
Annual Student membership (INR 1,000/-)	<input type="checkbox"/>

**Declaration:** I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with the Association for Transgender Health in India (ATHI), New Delhi and it's subsidiary arms Indian Professional Association for Transgender Health (IPATH) and KHEM.

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



Association for  
Transgender Health  
in India

## PAYMENT DETAILS

All payments to be made in favour of :-



**“ASSOCIATION FOR TRANSGENDER HEALTH IN INDIA”**

**PAN Number :** AARCA5356K  
**TAN Number :** DELA51889F  
**GSTIN Number :** 07AARCA5356K1Z5

**Account Number :** 10032154029  
**IFSC Code :** IDFB0021001

**IDFC BANK  
GOLF COURSE ROAD BRANCH  
ONE HORIZON CENTER,  
GOLF COURSE ROAD  
GURGAON , HARYANA – 122003**

Payments can also be made through UPI



**VPA :** 8860944900@upi

Postal Address for mailing of the Cheques and completed ATHI Membership Forms is :-



**Dr RICHIE GUPTA MS M.Ch. (Plastic Surgery)  
DIRECTOR  
INDIAN PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH  
A-1 / 11, JIVAN JYOTI APPARTMENTS  
KABIR DASS MARG, PITAMPURA  
NEW DELHI – 110034**

**Please note that your membership will be considered complete only upon submission of the following:**



1. Confirmation of payment made in favour of Association for Transgender Health in India (ATHI)
2. Detailed individual profile listing professional qualifications and supporting documents
3. Identity Proof and PAN Card
4. Two recent passport size photographs