



It's okay to be different

YES! I would love to be KHEM's Social Advocate!

I am _____

I am currently pursuing my _____

with _____

My contact details are: -

Mobile Number(s): _____

Email Address: _____

Postal Address: _____

I can contribute towards (you may tick any / all of the options given below): -

- ★ Knowledge
- ★ Healthcare
- ★ Empowerment
- ★ Mainstreaming

We respect your privacy and will not share your information with any third party or send you any unsolicited emails. You may choose to opt out of our mailing list by clicking on the unsubscribe option available in our emails.

Information: Company / Institution

www.athionline.com | khem.sbt@gmail.com | +918860944900



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Name of Company / Institution
Department and Designation
Mobile Phone
Website
Email Address

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

Lifetime membership (INR 7,500/-)	<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 its subsidiary arms Indian Professional Association for Transgender Health (IPATH) and KHEM

Place:

Date:

Signatures



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PAYMENT DETAILS



All payments to be made in favor 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 KHEM 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 favor 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