**MEMBERSHIP APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership Category:**  | Life | Associate | Institutional |

To,

The Honorary General Secretary,

Indian Association of Occupational Health

Dear Sir,

I do hereby apply to be elected as a Life / Associate / Institutional member of the Association.

I have read the rules and regulations of the Association and if elected, agree to abide by them.

I have filled up necessary details on the association website ([www.iaohindia.com](http://www.iaohindia.com)) on date....................................... by selecting the option of “New Member” on homepage.

Details of fees payable DD / at par cheque / NEFT / Online transaction: .................................

....................................................................................................................................................

My particular details are given below.

 Yours sincerely,

Signature

Date: Name:

1. NAME (Full Name in Capital Letter, Surname first):
2. MAILING ADDRESS:
3. Phone No: (Mobile)........................................ (O)................................(R)...................................
4. Personal Email Address: ..........................................................................................................
5. Official Email Address: ..............................................................................................................
6. DATE OF BIRTH (dd/mm/yyyy): ....................................................................................
7. QUALIFICATION (With names of Universities or Licensing bodies & year of acquiring them):
8. REGISTRATION NUMBER (with details of State Medical Council and Date):
9. Are you in Service or Practice (please specify):
10. If in service, please indicate your designation and employer:
11. Specialisation - if any (Underline major speciality; indicate additional speciality and subject of super speciality):
12. Are you attached to any Hospital, Office, ESIS, Industry, Plantation, NGO etc.:
13. Areas of professional interest:

**Proposed by................................................................................ Of ...................................Branch**

**E-mail i.d. of Proposer:**

**Seconded by................................................................................ Of ..................................Branch**

**E-mail i.d. of Proposer:**

***For Branch Office Records***

* Forwarded to the Honorary General Secretary, IAOH
* Centre’s Share of Membership Subscription sent to the Treasurer / enclosed herewith

**Name & Signature of Hon. Secretary:**

Branch: Date:

***For Central Office Records***

Membership ratified in the …………………Central Council Meeting held on ……………………… at ………………………..

Journal & Web Secretary were informed on ………………… vide Email / Letter No.....………..

**Name & Signature of Hon. Gen. Secretary:**

**MEMBERSHIP No.** Date: