**Indian Academy of Cytologists**

**Application for Membership**

1. **NAME in Full ……………………………….. ………………………………………**

First name Surname

1. **Date of Birth ………………………… Age (in years) ……………………**
2. **Sex** Male / Female / Not willing to Disclose
3. **Address for Communication (with Pincode):**
4. **E-mail:**
5. **Telephone / Mobile number:**
6. **Academic Qualifications**

**Degree University Year**

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1. **Proposed by Seconded by:**

**IAC Life Membership No: IAC Life Membership No:**

**Name & Address: Name & Address:**

**Signature Signature**

I wish to apply for **Life Membership/ Life Associate Membership** of the Indian Academy of Cytologists. If admitted, I shall remain faithful and committed to the Academy all my life.

**Signature of Applicant**

**Membership fee: Rs.4100/= for Life Membership and Rs.2600/- for Life Associate Membership (inclusive of bank charges)ONLY DIGITAL MODE OF PAYMENT**

**Bank: State Bank of India.Account Number: 10242308061.IFSC: SBIN0001884.**

Payment mode: NEFT / RTGS / Any other (please specify)

Bank (Applicant’s):

Transaction No and Date:

Fill out the form on the computer, print it, sign it and scan it as send it as a **PDF file** only **by e-mail** OR Fill the form and affix digital signatures wherever applicable, save it as a **PDF file** and **email it**.

E-mail the filled in form to: secty.iac@gmail.com

For further information contact:Dr.Radhika Srinivasan, Secretary, IAC; secty.iac@gmail.com Whatsapp to 9914208116

**Application : Approved / Not Approved Date:**

**Signature of Secretary:**