Indian Academy of Cytologists
Application for Membership

Name in Full _____ _____ _____
(Surname) *(First Name)* *(Middle Name)*

Age _____yrs **Date of Birth** _____ **M/F** _____

Address *(Tick preferred address for communication)*

Official/Clinic/Laboratory ☐	**Residential** ☐
Pin Code:	**Pin Code:**
Tele:	**Tele:**

Email: _____ **Mobile:** _____

Academic Qualifications *(Please enclose photocopy of certificate)*

Degree	Year	University
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: **Signature**

Proposed by	**Seconded by**
IAC Life Membership No:	**IAC Life Membership No:**
Name & Address	**Name & Address**
(Signature)	**(Signature)**

Post application form to	**Tel**	**Membership Fees**
Dr Dev Prasoon, Consultant Pathologist, Dr Dev Prasoon's Diagnostic Centre, Bhagat Singh Chowk, Narayan Das Road Munger – 811201, Bihar **email: devpathprasoon@gmail.com**	(O) +91-6344222358 (Mob) +91-9470652090	Life Membership : Rs 4000 Life Associate Membership : Rs 2500 **Please add processing fee of Rs 100**

- Payment is to be made in the form of Demand Draft/CBS Cheque payable at par drawn in favour of "Treasurer, Indian Academy of Cytologists" payable at Mumbai, for Rs 4100/2600. Alternatively, payment may be remitted online to Indian Academy of Cytologists, account no. 10242308061, State Bank of India, Parel Branch, Mumbai, IFSC code SBIN0001884. Please send it to Secretary, IAC at the above address. Kindly await 3 months for membership to become effective.
- **Life membership** is offered to all Medical Diploma and Degree holders.
- **Life Associate membership** is offered to Cytotechnicians, Cytotechnologists and Post doctoral fellows practicing cytology.
- **Pin Code, email ID and telephone numbers are mandatory**

FOR USE BY OFFICE OF INDIAN ACADEMY OF CYTOLOGISTS

Application Received on: **Fees Received:** **Membership No:**