



Indian Academy of Cytologists
Application for Membership

1. **NAME in Full**
First name Surname
2. **Date of Birth** **Age (in years)**
3. **Sex** Male / Female / Not willing to Disclose
4. **Address for Communication (with Pincode):**

5. **E-mail:**
6. **Telephone / Mobile number:**
7. **Academic Qualifications**

Degree	University	Year
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8. **Proposed by**
IAC Life Membership No:
Name & Address:

Seconded by:
IAC Life Membership No:
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; A/c name: Indian Academy of Cytologists; 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: