

# INDIAN ACADEMY OF CYTOLOGISTS (IAC)

## APPLICATION FOR RECOGNITION AS STATE / REGIONAL CHAPTER

### HOW TO APPLY

1. Complete ALL sections of this form in full. Incomplete applications will not be processed.
2. The duly completed application form shall be sent to the Secretary IAC in scanned copy by email- [secty.iac@gmail.com](mailto:secty.iac@gmail.com)
3. The application can also be downloaded from the IAC website: <https://www.cytoindia.com>
4. All Executive Committee members of the chapter must be Life Members of IAC.
5. On receipt, the Secretary will circulate the form to EC members. The application will be discussed at the next Annual National Conference. Recognition is formally granted only after EC approval and GBM ratification.

**The formation and functioning of State/Regional Chapters shall be governed by rules and regulations as detailed below:**

- (a) A given state can have only one chapter.
- (b) A regional chapter shall comprise of a group of neighbouring states.
- (c) The chapter shall bear the name of "Indian Academy of Cytologists" followed by the name of the respective chapter e.g. 'Indian Academy of Cytologists – Delhi Chapter'. The name of the chapter shall be in full and shall not carry any abbreviation.
- (d) A chapter cannot be started in the name of an individual city.
- (e) A state that is already running a chapter cannot become a part of a regional chapter.
- (f) A state that is a part of a regional chapter cannot form a separate chapter. In the event that a state which is part of a regional chapter decides to start its own chapter, then it shall have to break away from the regional chapter and give an undertaking to the Secretary IAC regarding the same, in writing. This break in alliance will also have to be accepted by the regional chapter who shall also communicate the same, in writing, to the Secretary IAC. The regional chapter will also have to apply for fresh recognition with remaining member states.
- (g) The IAC shall have no financial commitment to the State/Regional Chapter

### A. CHAPTER IDENTITY

#### A1. Type of Chapter (tick one):

- |  |   |
|--|---|
| <input type="checkbox"/> State Chapter | <input type="checkbox"/> Regional Chapter |
|--|---|

#### A2. Proposed Full Name of Chapter:

*Use full name only — e.g., 'Indian Academy of Cytologists – North East Chapter'. No abbreviations. No city name.*

#### A3. Constituent States (**Regional Chapter only** — list all states that are part of this chapter):

State 1: \_\_\_\_\_

State 2: \_\_\_\_\_

State 3: \_\_\_\_\_ State 4: \_\_\_\_\_

State 5: \_\_\_\_\_ State 6: \_\_\_\_\_

## B. OFFICIAL ADDRESS OF THE CHAPTER

*This should be a permanent institutional address (e.g., Department of Pathology, Medical College), not a personal residence.*

B1. Name of Institution / Hospital: \_\_\_\_\_

B2. Department: \_\_\_\_\_

B3. Floor / Building: \_\_\_\_\_

B4. Street / Locality: \_\_\_\_\_

B5. City: \_\_\_\_\_ State: \_\_\_\_\_

B6. PIN Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

B7. Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

## C. PROPOSED OFFICE BEARERS

*All Executive Committee members MUST be Life Members of IAC. Provide full name and IAC Life Membership Number. Attach photocopies of IAC membership certificates if available.*

| #  | Designation / Role       |                                       |                         |               |
|----|--------------------------|---------------------------------------|-------------------------|---------------|
| #  | Designation              | Full Name & Designation / Institution | IAC Life Membership No. | Phone & Email |
| 1. | Chairperson / President  |                                       |                         |               |
| 2. | Secretary                |                                       |                         |               |
| 3. | Treasurer                |                                       |                         |               |
| 4. | Executive Council Member |                                       |                         |               |
| 5. | Executive Council Member |                                       |                         |               |

|    |                                 |  |  |  |
|----|---------------------------------|--|--|--|
| 6. | <b>Executive Council Member</b> |  |  |  |
| 7. | <b>Executive Council Member</b> |  |  |  |
| 8. | <b>Executive Council Member</b> |  |  |  |
| 9. | <b>Other (specify)</b>          |  |  |  |

## D. PROPOSED MEMBERSHIP CATEGORIES

List all categories of membership proposed for the chapter. The IAC-NEC example included: Life Members, Junior Members, Affiliate Members, Honorary Members, Corporate/Patron Members, and Honorary Fellows. Add or remove rows as needed.

| # | Category               | Eligibility  | Privileges / Voting Rights  |
|---|------------------------|--|---|
| 1 | Life Members           | Pathologists with recognised PG qualification (MD/DNB Pathology or equivalent)                               | Full voting rights; eligible to hold office; participation in all activities                            |
| 2 | Life associate Members | PG students (MD/DNB/DCP) in Pathology in recognised institutions/ Cytotechnicians/ Cytotechnologists/ Others | Attend meetings & workshops; present papers; no voting/office rights till conversion to Life membership |

## E. PROPOSED ACTIVITIES OF THE CHAPTER

Describe planned activities under each category. **IMPORTANT:** No chapter activity shall be held within one month before or after the IAC Annual National Conference. State Chapters shall NOT conduct any EQA programme or publish an independent journal (SOP clause 3.10).

| #  | Suggested Activities       | Details / Frequency / Description  |
|----|----------------------------|--|
| 1. | Annual Regional Conference | e.g., Annual Northeast Cytopathology Conference (NE-CYTOCON) — CMEs, keynote lectures, slide seminars, quiz competitions, hands-on workshops |
| 2. | CME Programmes             | e.g., Half-yearly hybrid academic meetings hosted by rotation at different medical colleges  |
| 3. | Case of the Month          | e.g., Monthly virtual case discussions on interesting/challenging cytology cases   |
| 4. | Thematic Symposia          | e.g., FNAC of head & neck; gynaec cytology; effusion cytology; molecular cytopathology (list topics)   |
| 5. | Hands-on Workshops         | e.g., FNAC techniques, smear preparation, staining, cell block; for PG students & technicians  |

|     |                                      |  |
|-----|--------------------------------------|--|
| 6.  | Digital Cytopathology / Telecytology | e.g., Regional digital image-sharing platform for learning, consultation, remote second opinions |
| 7.  | Cytotechnologist Skill Development   | e.g., Certificate training for cytotechnicians — ROSE, slide quality, staining consistency       |
| 8.  | Mentorship Programme                 | e.g., Pair senior cytopathologists with junior faculty/residents from peripheral institutes      |
| 9.  | Molecular Techniques Workshops       | e.g., IHC, FISH, molecular cytopathology for translational applications                          |
| 10. | Cytology Screening Camps             | e.g., Community cervical/breast/oral cancer screening in rural/remote areas                      |
| 11. | Public Awareness Programmes          | e.g., 'Know Your Cells' week; IEC material in regional languages on cancer screening             |
| 12. | Collaboration with Health Depts.     | e.g., Partner with NHM/local authorities for NCD cancer screening programmes                     |
| 13. | Research Consortium                  | e.g., Multicentric research on regional cancer patterns, molecular profiling                     |
| 14. | Grants Facilitation                  | e.g., Mentor members for ICMR/DBT-funded projects, international collaborations                  |
| 15. | PG Quiz / Slide Seminar Competition  | e.g., 'CYTOQUEST – Northeast PG Cytology Championship' — annual inter-college event              |
| 16. | Best Paper / Poster Awards           | To encourage publication of regional data  |
| 17. | Travel Fellowships / Bursary         | e.g., Travel grants for NE PG students to attend national CYTOCON                                |
| 18. | Membership Drive                     | Encourage cytopathologists, pathologists & PG students to join IAC                               |
| 19. | Social media & Digital Presence      | e.g., Official website, LinkedIn, X, Instagram for updates, e-learning & case discussions        |
| 20. | Add activity                         |  |

## F. DECLARATION BY PROPOSED OFFICE BEARERS

I/We, the office bearers of the \_\_\_\_\_ Chapter hereby declare that the activities of the aforementioned chapter will be in the interest of the Indian Academy of Cytologists and that the aforementioned chapter shall abide by the objectives and rules and regulations of the Indian Academy of Cytologists.

I/We also agree to make monetary contribution to IAC from savings generated ethically through conduct of CME, workshop, local/regional conference etc. I/We shall encourage our members to become Life Members of IAC and to attend the Annual National Conference of IAC.

**Signature of Chairperson / President**

**Signature of Secretary**

|              |              |
|--------------|--------------|
| _____        | _____        |
| Name: _____  | Name: _____  |
| Place: _____ | Place: _____ |
| Date: _____  | Date: _____  |

## G. CHECKLIST OF ENCLOSURES

Please tick (✓) each document enclosed with this application before dispatch.

- Covering letter addressed to the Secretary IAC
- Permission letter from head of institution / employer (for proposed Chairperson)
- List of proposed office bearers with IAC Life Membership numbers (this form, Section C)
- Copies of IAC Life Membership certificates of all proposed office bearers
- Proposed bye-laws of the chapter (if any)
- Any other supporting document (please specify): \_\_\_\_\_

### FOR IAC OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE

1. Date of receipt of application by Secretary IAC: \_\_\_\_\_
2. Date on which circulated to EC members of IAC: \_\_\_\_\_
3. Date of discussion in Executive Committee meeting: \_\_\_\_\_
4. Date of approval by Executive Committee of IAC: \_\_\_\_\_
5. Date of ratification by General Body of IAC: \_\_\_\_\_
6. Date of written communication of recognition to Chairperson/ President: \_\_\_\_\_

**Secretary IAC — Signature**

**Remarks / Notes:**

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

## INDIAN ACADEMY OF CYTOLOGISTS - SOP

| Title : State/Regional Chapters of IAC |                     |                |                           |
|--|---------------------|----------------|---------------------------|
| Review No<br>1                         | Bye laws<br>Ref no. | Page<br>1 of 4 | Date of issue<br>19.11.16 |

### 1.0 INTRODUCTION :

**1.1** The Indian Academy of Cytologists shall encourage formation of State/Regional Chapters (GBM 2009) with the aim of :

- (a) Propagating the knowledge of cytopathology
- (b) Increasing and consolidating its presence in various parts of the country
- (c) Increasing its membership

**1.2** The formation and functioning of State/Regional Chapters shall be governed by rules and regulations as detailed below:-

- (a) A given state can have only one chapter.
- (b) A regional chapter shall comprise of a group of neighbouring states.
- (c) The chapter shall bear the name of "Indian Academy of Cytologists" followed by the name of the respective chapter e.g. 'Indian Academy of Cytologists – Delhi Chapter'. The name of the chapter shall be in full and shall not carry any abbreviation.
- (d) A chapter can not be started in the name of an individual city.
- (e) A state that is already running a chapter can not become a part of a regional chapter.
- (f) A state that is a part of a regional chapter can not form a separate chapter. In the event that a state which is part of a regional chapter decides to start its own chapter, then it shall have to break away from the regional chapter and give an undertaking to the Secretary IAC regarding the same, in writing. This break in alliance will also have to be accepted by the regional chapter who shall also communicate the same, in writing, to the Secretary IAC. The regional chapter will also have to apply for fresh recognition with remaining member states.
- (g) The IAC shall have no financial commitment to the State/Regional Chapter.

### 2.0 DUTIES OF IAC TOWARDS THE STATE/REGIONAL CHAPTER :

**2.1** The IAC shall officially recognize the State/Regional Chapter by way of announcement in the IAC newsletter and during the GBM in the annual national conference.

**2.2** The IAC shall provide assistance and advice regarding faculty to enable the State/Regional chapter to conduct their academic activities in a meaningful manner.

**2.3** The academic activities of the State/Regional Chapter shall be published in the IAC newsletter.

**2.4** The Chairperson or one Executive Committee member of the chapter, duly nominated in writing by the Chairperson of the said Chapter, shall be invited every year by Secretary IAC to attend the Executive Committee meeting of IAC during the annual national conference. They shall, however, have no voting right.

**2.5** The IAC shall permit the State/Regional chapter to print the logo of IAC on their State/Regional conference brochure.

### 3.0 DUTIES OF THE STATE/REGIONAL CHAPTER TOWARDS IAC :

**3.1** The Executive Committee members of the chapter shall necessarily be life members of IAC.

**3.2** The Executive Committee members of the chapter shall encourage their members to become life members of IAC.

**3.3** The chapter shall indulge itself only in propagating activities relating to the field of cytology

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and thereby try and fulfill the objectives of IAC.

- 3.4 The Executive Committee of the chapter shall send a copy of their bye-laws, if any, to the Secretary IAC and also keep the Secretary IAC updated on any change that may be made in it from time to time.
- 3.5 The Executive Committee of the chapter shall send report of its activities to the Secretary IAC at least once a year, preferably by end of June, so that the same may be published in the forthcoming IAC newsletter and also so that the Secretary IAC may incorporate the same in his/her annual report. It may be clarified here that the activities of the chapter are to be reported only to the Secretary IAC who in turn shall forward the same to the Editor IAC newsletter for publication. The details of chapter activities are not to be directly communicated to the Editor IAC newsletter.
- 3.6 It shall be mandatory for the State/Regional chapter to print the logo of IAC on their State/Regional conference brochure.
- 3.7 The State/Regional Chapter shall not conduct any of their activity either one month before or after the annual national conference of IAC.
- 3.8 The Executive Committee members of the chapter shall make sincere attempt to make monetary contribution to IAC from savings generated ethically through conduct of CME, workshop, local/regional conference etc.
- 3.9 The chapter shall not indulge in any activity that is against the interest of IAC.
- 3.10 The State Chapters shall not conduct any EQA programme nor publish any journal of their own GBM 2021).

#### 4.0 PROCEDURE FOR APPLICATION :

- 4.1 The application form for seeking recognition as State/Regional Chapters can be downloaded from the IAC website <https://www.cytoindia.com>.
- 4.2 The duly completed application form shall be sent to the Secretary IAC in hard copy.
- 4.3 On receipt of the application the Secretary IAC shall circulate the same to the Executive Committee members of IAC.
- 4.4 The matter shall be discussed in the Executive Committee meeting held during the coming annual national conference.
- 4.5 On approval of the Executive Committee of IAC and after ratification by the General Body , the Secretary IAC shall send a written communication to the applicant chapter confirming grant of recognition to the said State/Regional Chapter.
- 4.6 In case the application is found not to meet the requirement, then the same shall be communicated to the applicant chapter by the Secretary IAC.
- 4.7 If after grant of recognition, a State/Regional Chapter does not become operative within three years from the date of grant of recognition, then a fresh application seeking recognition shall be required to be submitted by the said State/Regional Chapter.

#### 5.0 APPLICATION FORM FOR SEEKING RECOGNITION AS STATE/REGIONAL CHAPTER OF IAC :

- 5.1 The application form can be downloaded from the IAC website <https://www.cytoindia.com> and shall contain the following details :-

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- (a) Proposed name of State/Regional Chapter of IAC :In case of Regional chapter, the names of the constituent states are to be detailed
  - (b) Proposed official address of State/Regional Chapter of IAC :
  - (c) Proposed office bearers of State/Regional Chapter of IAC :
    - (1) Chairperson
    - (2) Secretary
    - (3) Treasurer
    - (4) Others – to be detailed
- (Name and IAC life membership of the office bearers are to be detailed.)
- (d) Proposed activities of the State/Regional Chapter of IAC :
  - (e) Proposed types of members of the State/Regional Chapter of IAC :
  - (f) Contact telephone number(s) and e-mail id.

### DECLARATION

I/We, the office bearers of the ----- chapter hereby declare that the activities of the aforementioned chapter will be in the interest of the Indian Academy of Cytologists and that the aforementioned chapter shall abide by the objectives and rules and regulations of the Indian Academy of Cytologists. I/We also agree to make monetary contribution to IAC from savings generated ethically through conduct of CME, workshop, local/regional conference etc. I/We shall also encourage our members to become life members of IAC and to attend the annual national conference of IAC.

Chairperson of State/Regional Chapter

Secretary of State/Regional Chapter

Place :

Date:

Date of receipt of application by Secretary IAC :

Date on which circulated to Executive Committee members of IAC :

Date on which application approved by Executive Committee of IAC:

Date on which recognition approved by the General Body of IAC :

Date of intimation of grant of recognition to the Chairperson of State/Regional Chapter :

Secretary IAC

Date:

### **6.0 TERMINATION :**

- 6.1 The recognition granted to any State/Regional Chapter may be terminated only by the unanimous decision of the members of Executive Committee in the following situation:
  - (a) If the said State/Regional Chapter is found indulging in activities against the interest of IAC.
  - (b) If the said State/Regional chapter does not follow the rules and regulations laid out for them by IAC.

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### 7.0 CRITERIA FOR PERMITTING CME/WORKSHOP/CONFERENCE TO BE CONDUCTED UNDER THE AEGIS OF IAC

#### 7.1 Criteria to be followed :-

- (a) Any activity of IAC
- (b) Any activity of state/regional chapter of IAC
- (c) Any activity of International Academy of Cytology in collaboration with IAC
- (d) For organisers who have a state/regional chapter in their area, they should collaborate with the respective state/regional chapter and their activity shall be considered as an activity of that state/regional chapter. A member of the respective state/regional chapter shall be one of the speakers at the proposed CME/Workshop/Conference.
- (e) For organisers who do not have a state/regional chapter in their area, they may approach Secretary IAC for the same fulfilling the following details:-
  - (i) The Chief organiser of CME/Workshop/Conference should be life member of IAC.
  - (ii) Permission should be sought from IAC before finalising the programme, allowing sufficient time for EC and/or GB of IAC to take a decision.
  - (iii) A tentative draft of the proposed scientific programme along with speakers should be sent to the Secretary IAC along with the request for permission.
  - (iv) At least one of the speakers at the proposed CME/Workshop/Conference should be a life member of IAC.
- (f) The brochure printed for the CME/Workshop/Conference should carry the logo of IAC and also of the respective state/regional chapter, if the latter have a logo.
- (g) The banners and posters displayed for the CME/Workshop/Conference should carry the logo of IAC and also of the respective state/regional chapter, if the latter have a logo.
- (h) Neither IAC nor the concerned state/regional chapter of IAC shall have any financial obligation in conducting the CME/Workshop/Conference.
- (i) Once conducted, a report of the same along with some photographs shall be sent to the Secretary of the respective State/Regional chapter of IAC for forwarding to the Secretary IAC (GBM 2016).