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)*

**\*Email: \*Mobile:**

**Academic Qualifications***(\*Please enclose photocopy of certificate)*

**Degree Year University**

**Date: Signature**

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| --- | --- | --- |
| \***Proposed by**  **IAC Life Membership No:**  **Name & Address**  **(Signature)** | **\*Seconded by**  **IAC Life Membership No:**  **Name & Address**  **(Signature)** | |
| **Post application form to Tel**  Dr.Bharat Rekhi, (Mob)+91-9833581367 Professor, Pathology, Tata Memorial  Centre, Dr E. Borges Marg, Parel, Mumbai -400012  **Email:** [secty.iac@gmail.com](mailto:secty.iac@gmail.com) | | **Membership Fees**  Life Membership :Rs 4000 Life Associate Membership:Rs 2500  **Please add processing fee of Rs100**  Clearly tick (√) or circle your choice |

**\*Mandatory fields**

**FOR USE BY OFFICE OF INDIAN ACADEMY OF CYTOLOGISTS**

**Application Received on: Fees Received :**

**Membership No :**

**Instructions:**

* Payment of **Rs 4100/ 2600** is to be made preferably through **DIGITAL MODE** in favor of “**Treasurer, Indian Academy of Cytologists**”. The Bank Account number is 10242308061 IFSC code – SBIN0050303 **,** State Bank of India, 30 Regal Building, Parliament Street, Connaught Place, New Delhi-110001.
* Alternatively, Payment of **Rs 4100 / 2600** may be remitted in the form of Demand Draft/ CBS cheque payable at par drawn in favor of “Treasurer, Indian Academy of Cytologists” ”payable at the above mentioned bank address.
* Please attach the filled up form with payment proof as a single document a n d s e n d to the Secretary, IAC, Mumbai 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 Postdoctoral fellows practicing cytology.
* **Pin Code, email ID and telephone numbers are mandatory**
* **List of enclosures**
  + **Membership form duly filled, signed, proposed and seconded**
  + **Copy of MBBS and MD/Diploma degrees**
  + **Details of NEFT/ DD/ Cheque**

**Kindly attach the payment proof with your application form as a single document.**

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