**LIFE MEMBERSHIP\* APPLICATION FORM**

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| --- |
| Title: Mr. / Mrs. / Ms. /Dr. |
| Full name: |
|  |
| Gender: Male/ Female |
| Date of birth: |
| **DETAILS OF THE MEDICAL M.SC COURSE** |
| Subject:  | Passed in the year: |
| Name of the medical college: |
|  |
| Ph.D in year: |
| **DETAILS OF PRESENT EMPLOYMENT/OCCUPATION** |
| Designation/Post: |
| Complete Official address: |
|  |
| City: | State | PIN |
| Complete Residential address: |
|  |
|  |
| City: | State | PIN |
| Mobile number: |
| Email ID: |
| Which of these information shouldn’t be displayed in the website: Residential address / mobile / email |
| Fee paid: ₹.2000 + Donation: ₹. = Total ₹. |

Details of payment:

|  |  |
| --- | --- |
| Demand draft | Bank: Branch: DD Number: Date: |
| Online transfer | Bank: A/c No:Name of the Sender’s A/c:Transaction ID: Date: |
| Cash deposit | Branch:Date:  |

All fields are compulsory. Incomplete applications forms will be rejected.
**Completed application form must be sent by email to membership@medicalmsc.org**

**Medical M.Sc degree certificate**

*\*\*Scan and insert your degree certificate here\*\**

**Undertaking by the applicant**

I have gone through eligibility criteria for membership and I shall abide by the Rules and Regulations (including bylaws) of the association.

Signature: *\*\*Scan & Insert your signature file\*\** Date: Place:

\* The life membership of the Association shall be confined to those who have postgraduate qualification (medical M.Sc degree) in any of the following disciplines: Anatomy, Physiology, Biochemistry, Pharmacology and Microbiology conducted by any medical college/institution (recognized by Medical Council of India for conducting either MBBS or MD/MS course) awarded under the faculty of medicine.

Applicants are requested to wait for at **least three weeks** before enquiring about the status of their application. All enquiries must be made to the Membership Division only.