

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:..... Date: :..... Place:

(Office purpose only)

Recommendation by the Scrutinizing Committee

I have verified the information given in this application and the supporting documents are true to the best of my knowledge. She/he fulfils the eligibility requirement for becoming student member of the Association. Hence, I recommend that
be accorded the membership of the National M.Sc Medical Teachers Association.

Name:..... Signature: Date:

Confirmation of membership and registration number

Membership of the applicant has been: approved /rejected on date:

Reasons for rejection:

Membership number:valid until

Treasurer: General Secretary: Date:

Instructions for filling the application form

1. All entries are compulsory. Incomplete applications will delay the membership process since further communications have to be made.
2. Eligibility criteria for membership is available at the official website www.medicalmsc.org.
3. Completely filled application must accompany self-attested photocopy of college identity card clearly mentioning the course joined.
4. Completed application should be sent by courier, speedpost or registered post to the following address:
Mr. Priya Ranjan Lenka, Plot No. PE/10, Priyadarshi Enclave, Patia Station Road, Patia, PO-KIIT, Bhubaneswar - 751024 Odisha, India. For more information contact membership@medicalmsc.org
5. **Bank details:** Account name: National M.Sc Medical Teachers Association, Account type: Savings, Bank name: Union Bank of India , Account number: 629102010002286, IFSC code: UBIN0562912, Branch: Perundurai
DD payable at Perundurai or Erode, Tamil Nadu
6. Payment for membership fee can also be made online <https://imjo.in/dNDVqE>