Indian Association of Clinical Medicine

Headquarters: P.G. Department of Medicine, S.N. Medical College, Agra - 282 002, U.P.

MEMBERSHIP / FELLOWSHIP FORM

No. .................................. Date ..................................

The Honorary General Secretary,
Indian Association of Clinical Medicine (IACM)

We hereby propose the admission of

Name (in full): .......................................................... Photograph
Qualifications: ...........................................................
(Branch of Medicine for P.G. Degree)
University: ..................................................................
Year of obtaining the first Postgraduate Qualification: .............
Address: ........................................................................
........................................................................ Pin Code: ................................
Phone (with STD code): ................................... E-mail: ................................

as an Associate Life Member/Life Member/Fellow of the Indian Association of Clinical Medicine.

To the best of our knowledge and belief, the above particulars are correct and we consider him/her a fit and proper person to be admitted as Associate Life Member/Member/Fellow of the ‘Association’.

A.D.D. No. .................... Dated .................... drawn on ....................
........................................................................ for Rs. .................................................... is enclosed herewith.

Signature ............................. (Proposer) Signature ............................. (Seconder)
Name: ................................................................. Name: .................................................................
Fellowship/Membership No.: .......................... Fellowship/Membership No.: ..........................

Subject to approval of the Governing Body, I agree to become Associate Life Member/Member/Fellow, and if admitted, to abide by the Rules and Regulations of the ‘Association’.

(Signature of the Candidate)

Note by the Hony. General Secretary

- Fellowship Subscription: Rs. 9000/-
  (Minimum: 10 Years Standing after Post-graduate Qualification or 5 years after membership).
- Life Membership Subscription: Rs. 3,000/-
  (Minimum Qualification; Post-graduate Qualification as specified in the Constitution of IACM).
- Associate-Life Membership Subscription: Rs. 3,000/-
  (Diploma, or Post-graduate Qualification not covered as per Constitution of IACM).
- Please attach attested photocopy of Post-graduate Degree/Diploma.
- Cheques shall not be accepted. Demand Draft should be in favour of “Indian Association of Clinical Medicine” payable at Agra.

Correspondence Address:
Dr. Tejpal Singh, Hony. Gen. Secretary, IACM, P.G. Department of Medicine, Sarojini Naidu Medical College, Agro-282 002, U.P.