



Indian Association of Medical Microbiologists

Application for Membership
(Please type or write in capital letters)

| | | | | |
|---------------------------|---|--|-----------------------------------|--------------|
| Full Name | : | _____ | | |
| Name for Indexing | : | _____ | | |
| Age | : | _____ | Yrs. Date of Birth | _____ M/F |
| Qualification | : | Degree | Year | University |
| | : | _____ | _____ | _____ |
| | : | _____ | _____ | _____ |
| | : | _____ | _____ | _____ |
| Designation | : | _____ | | |
| Official Address | : | _____ | | |
| | : | _____ | | |
| Residential Address | : | _____ | | |
| | : | _____ | | |
| | : | _____ | | |
| | : | _____ Pin _____ | | |
| | : | Telephone : Office : _____ Residence _____ | | |
| | : | Email : _____ | | |
| Address for communication | : | Official / Residential | | |
| Total years of experience | : | _____ | | |
| Types of work engaged in | : | () Diagnostic | () Teaching | () Research |
| Areas of Interest | : | _____ | | |
| List of Publications | : | To be attached | | |
| Place : _____ | : | Date : _____ | _____ (Signature of applicant) | |
| Proposed by | : | _____ | | |
| | : | (Name) | (Membership No.) | |
| | : | | (Signature) | |
| Seconded by | : | _____ | | |
| | : | (Name) | (Membership No.) | |
| | : | | (Signature) | |
| Draft No. | : | Dated : | Amount : | |

For Official uses only

Received on : _____ Accepted on : _____
Membership Number LM / AM