Indian Association of Clinical Medicine

Headquarter : P. G. Department of Medicine, S. N. Medical College, Agra.

Membership No._____

The Honorary Secretary
Indian Association of Clinical Medicine (IACM)
Bodla Hopsital, Shahganj Bodla Road, Bodla
Agra-282010.

Date: _____

Passprt Size Photograph

We hereby propose the admission of

Name (in full) : _____
(Block Letters)
Qualification : _____
(Branch of Medicine for P. G. Degree)
University: _____
Year of obtaining First Postgraduate Qualification : _____
Address : _____

_____

Contact No: _____ E-mail : _____

As an Associate Life Member / PG Member / Life Member / Fellow of the Association

To the best of my 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 / PG Member / Life Member / Fellow of the Association. A demand draft No. _____dated _____ of _____for Rs. _____ is enclosed herewith.

Signature _____ **(Proposer)**
Name _____
Fellowship/Membership No. _____

Signature _____ **(Seconder)**
Name _____
Fellowship/Membership No. _____

Subject to approval of the Governing Body, I agree to become a Associate Life Member / PG Member / Life Member / Fellow if admitted to abide by the rules & regulations of the Association.

Signature of the candidate

Note by Hony. General Secretary

- Fellowship Subscription - Rs. 9000/-.
  (Minimum 10 years standing after P.G. Qualification or 5 years after life membership)
- Life Membership Subscription - Rs. 3000/-.
  (Minimum Qualification - P.G. qualification as specified in constitution)
- Provisional Life Membership Subscription - Rs. 3000/- for postgraduate student.
  (For *P. G. student as specified in constitution))
- Associate Life Member Subscription - Rs. 3000/-.
  (Diploma or P.G. Qualification not covered as per constitution)
- Please attach attested photocopy of P.G. Degree/Diploma, *Certificate from HOD.
- Cheques shall not be accepted.

DD in favour of "Indian Association of Clinical Medicine"

Bank Details : - State Bank of India (07892)- S. N. Medical College, Agra, Uttar Pradesh
Account No. : 10039634520 **MICR** : 282002014 **IFS Code** : SBIN0007892

Correspondence Address :
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