

INDIAN ACADEMY OF CYTOLOGISTS

REGISTRATION FOR EQA PROGRAMME

(For Laboratories Not Accredited with IAC)

Name in Full:

First name

Middle Name

Surname

Designation:

Academic Qualification

E-mailID:

Name of Laboratory:

Year of establishment:

Complete postal address:

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Cytopathology Annual Workload

FNAC

Cervical Cytology (Pap smears)

Exfoliative Cytology (non-Gynec)

No. of technical staff employed:

No. of qualified cytotechnicians and cytotechnologists

Is your lab accredited with NABL Yes / No

Is your lab accredited with any other agency? Please specify

EQA Registration Fee

Bank Draft number and date

.....

Signature

Date

Note:

1. The Initial Registration fee is Rs.5000/=, which is non-refundable and includes the first year annual participation fee. Subsequently, there will be an annual fee of Rs.500/=. This has to be submitted as a **bank draft** in the name of 'Treasurer, IAC', payable at **Hyderabad**.
2. Please submit the hard copy of this form and the bank draft to the following address: **Dr. Radhika Srinivasan, Department of Cytology & Gynecological Pathology, SS Anand Block, 4th floor, PGIMER, Chandigarh – 160012.**
3. You can also send an advance copy by e-mail to drsradhika@gmail.com. Please fill out the form, append your signature, scan it and e-mail the scanned image file.
4. An acknowledgment will be sent to you within 7 working days.