

**Indian Academy of Cytologists**  
**Application for Membership**

Name in Full \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Age \_\_\_\_\_yrs Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

Address (Tick preferred address for communication)

Official/Clinic/Laboratory ☐

Residential ☐

\*PinCode:

\*Pin Code:

Tele:

Tele:

\*Email: \_\_\_\_\_ \*Mobile: \_\_\_\_\_

**Academic Qualifications** (\*Please enclose

photocopy of certificate)

| Degree | Year  | University |
|--------|-------|------------|
| _____  | _____ | _____      |
| _____  | _____ | _____      |
| _____  | _____ | _____      |

Date:

Signature

**\*Proposed by**

IAC Life Membership No:  
Name & Address

**\*Seconded by**

IAC Life Membership No:  
Name & Address

(Signature)

(Signature)

**Postapplicationform to**

Dr.Bharat Rekhi,  
Professor, Pathology, Tata Memorial  
Centre, Dr E. Borges Marg, Parel,  
Mumbai -400012

Email: [secty.iac@gmail.com](mailto:secty.iac@gmail.com)

**Tel**

(Mob)+91-9833581367

**Membership Fees**

Life Membership :Rs 4000  
Life Associate Membership:Rs 2500

**Please add processing fee of Rs100**

Clearly tick (✓) or circle your choice

**\*Mandatory fields**

**FOR USE BY OFFICE OF INDIAN ACADEMY OF CYTOLOGISTS**

**Application Received on:**

**Fees Received :**

**Membership No :**

**Instructions:**

- Payment of **Rs 4100/ 2600** is to be made preferably through **DIGITAL MODE** in favor of **“Treasurer, Indian Academy of Cytologists”**. The Bank Account number is 10242308061  
IFSC code – SBIN0050303 , State Bank of India, 30 Regal Building, Parliament Street,  
Connaught Place, New Delhi-110001.
- Alternatively, Payment of **Rs 4100 / 2600** may be remitted in the form of Demand Draft/ CBS cheque payable at par drawn in favor of “Treasurer, Indian Academy of Cytologists” payable at the above mentioned bank address.
- Please attach the filled up form with payment proof as a single document and send to the Secretary, IAC, Mumbai at the above address.
- Kindly await 3 months for membership to become effective.
- **Life membership** is offered to all Medical Diploma and Degree holders.
- **Life Associate membership** is offered to Cytotechnicians, Cytotechnologists and Postdoctoral fellows practicing cytology.
- **Pin Code, email ID and telephone numbers are mandatory**
- **List of enclosures**
  - **Membership form duly filled, signed, proposed and seconded**
  - **Copy of MBBS and MD/Diploma degrees**
  - **Details of NEFT/ DD/ Cheque**

**Kindly attach the payment proof with your application form as a single document.**

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