Indian Academy of Cytologists

Application for Membership

Name in Full _____ _____ _____

Surname First Name Middle Name

Age _____yrs **Date of Birth** _____ **M/F** _____

Correspondence Address

_____

_____

_____

_____

Telephone

Office : _____

Residence: _____

Mobile : _____

Pin Code: _____ **Email:** _____

Academic Qualifications (Please enclose photocopy of certificate)

Degree	Year	University

Date: **Signature**

Proposed by

IAC Life Membership No:
Name & Address

(Signature)

Seconded by

IAC Life Membership No:
Name & Address

(Signature)

Post application form to
Dr Meherbano M Kamal
MIG Colony, MA/8, Opposite Diksha Bhoomi,
Laxminnagar, Nagpur - 440 022
Maharashtra, India

Membership Fees

Life Membership	: Rs 4000
Life Associate Membership	: Rs 2500

- Payment is to be made in the form of Demand Draft drawn in favour of "Treasurer, Indian Academy of Cytologists" payable at New Delhi. Please add Rs 100/- as processing fees.

- Life membership is offered to all Medical Diploma and Degree holders.
- Life Associate membership is offered to Cytotechnicians, Cytotechnologists and Post doctoral fellows practicing cytology.

- **Pin Code and email address are mandatory**

Received on: **Fees Received:**