

Membership Form

INDIAN ASSOCIATION OF EPIDEMIOLOGISTS

(Regd No. S/25118 of 1993)

Regd Office:

A-524, Sarita Vihar,
New Delhi-110044

Mailing Address:

Room NO. 529, C Wing
Nirman Bhawan, New Delhi

The Secretary,
Indian Association of Epidemiologists,
National Institute of Communicable Diseases
22, Sham Nath Marg, Delhi-110054

Dear Sir,

Please enroll me as Life Member of the Indian Association of Epidemiologists. I hereby agree to abide by the rules and regulations of the society.

I am depositing Rs..... by cheque /Bank Draft/cash as my life membership fee.

Place:

Your's truly

Date:

Signature

Name in Block Letter: _____

Profession: _____

Designation: _____

Mailing address: _____

Permanent address: _____

The undersigned members of the Indian Association of Epidemiologists support this application for admission of membership of the said Association as the applicant has shown scientific/ practical interest in Epidemiologist.

1. _____

2. _____

N.B.: The life time subscription for becoming the member of the Association is Rs. 2000/-

Indian Association of Epidemiologist

PROFORMA FOR DIRECTORY

PLEASE FILL THE PROFORMA IN CAPITAL LETTER

Name _____

Date of Birth _____

Date of Marriage _____

Gender _____

Qualification _____

Designation of mailing address: _____

Permanent Address _____

Telephone no. (With STD CODE): Office _____

Mobile No. _____

Fax number (with STD code): Office _____

E-mail address: _____

Membership of other Association: _____

Awards / Fellowship at National Level: _____

Areas of Interest _____
