

INDIAN COLLEGE OF RADIOLOGY & IMAGING

(Academic wing of Indian Radiological & Imaging Association)

APPLICATION FOR LIFE MEMBERSHIP



ELIGIBILITY FOR MEMBERSHIP

1. Only Life Membership is accepted
2. Continuous Member of IRIA for 3 years or more & Life Member.
3. Must be proposed & Seconded by member/fellow of ICRI.

MEMBERSHIP BENEFITS

Members of the College are eligible for Orations, Awards and Fellowships instituted by the College as per criteria published in IRIA News Bulletin.



MEMBERSHIP DETAIL

Name (BOLD TYPE):		
Qualification:		
Date of Birth: / /	Age: _____ Yrs.	Sex: M / F
Address:		
	City:	
	Pin Code: _____	State:
Phone: Clinic/Hosp.:		
Fax:	MOB. No.	E-mail:
IRIA Member: since	(attach proof if possible)	Folio No.:

MEMBERSHIP FEES

Life Membership	@ Rs 3,000/-	Rs 3,000/-
Enrollment Fee	@ Rs 500/-	Rs 500/-
Arrears	@ Rs	
Arrears	@ Rs	
(Note: Cheques are NOT ACCEPTED)		Total: Rs
Enclosed Demand Draft No. _____	Bank:	Dated
Demand Draft to be made in the name of 'Indian College of Radiology & Imaging' payable at New Delhi.	Branch	

Mail this Application Form with the Demand Draft to:

Dr. M.P. Goyal, Secretary ICRI
 ICRI Central Office, C-5, Qutab Institutional Area, New Delhi-110 016
 Tel. : 011-26965598 E-mail: icri74@gmail.com, Website : www.icri.in
 (Please allow 6-8 weeks for processing of this application)

You will receive certificate of Membership of ICRI by mail on acceptance of your membership

YOU MUST COMPLETE THE DETAILS ON THE REVERSE OF THIS FORM

PLEASE FILL IN FOLLOWING DETAILS
If you are attached to more than one institution

Name Instit/Hosp./Clinic	
Designation	
Teaching/Private Practice	Teaching:____ yrs. Non-teaching:____ yrs.
Address	
	City: Pin Code:
	Phone: Fax:

Clip two recent
passport size
photos here

Please list the last 3 conferences/CMEs attended:

YEAR	PLACE	NAME OF CONFERENCE/CME

PLEASE ATTACH ONE PAGE BIO-DATA WITH THIS FORM
DECLARATION

I, (full name) _____ am a life member of IRIA for 3 years or more. I am desirous of being enrolled as a LIFE MEMBER of Indian College of Radiology & Imaging and if enrolled, agree to abide by the constitution, rules and bye-laws of the College now existing or which may be hereafter altered or amended from time to time.

Date: _____ **Signature of Applicant:** _____

PROPOSED BY MEMBER/ FELLOW OF ICRI

NAME : _____ **Signature:** _____

ADDRESS : _____

SECONDED BY MEMBER/ FELLOW OF ICRI

NAME : _____ **Signature:** _____

ADDRESS : _____

FOR ICRI OFFICE ONLY
RECOMMENDATION OF GOVERNING BODY

ADMITTED:

NOT-ADMITTED:

ICRI Folio No. _____ Ledger No. _____ Page: _____

Receipt No. _____ Date: _____ Posted on: _____

Refund: Chq.No. _____ Date: _____ Posted on: _____

Chairman: Sign: _____

Hon.Secretary: Sign _____