

INDIAN RADIOLOGICAL & IMAGING ASSOCIATION

Registered under "Registration of Societies Act XXI of 1860" vide Registration No. 6644 dated 30.03.1937

APPLICATION FOR MEMBERSHIP

Secretariat: IRIA House, C-5, Qutab Institutional Area, New Delhi-110 016
Tel. 011-26965598, 011-41688846, Fax : 011-26565391
E-mail: iria37@gmail.com, Website: www.iria.in



(For office use only)

Name of State Chapter _____ Folio No: _____

Date of Enrolment _____ Receipt No. _____

Name (CAPITAL LETTERS) _____

Father's/Husband's Name _____

Date of Birth _____ Age _____ Yrs. _____ Sex: M/F _____

Affix recent
passport size
photograph

Qualifications (attach proof)

Year

Institution

Qualifications (attach proof)	Year	Institution

Name of Council of Registration _____

Registration No. _____ Date of Registration _____

Area of Specialization _____ Designation _____

Mailing address _____

_____ City _____ PIN _____

Tel. Nos. _____ Cell. No. _____

Email: _____

Permanent address _____

Hospital/Institution/Clinic address _____

Tel. Nos. _____

Tel. Nos. _____

Membership Subscription (Please Enter Amounts)

Life Member _____

Annual Member _____

Provisional Life Member _____

Affiliate Member _____

Corresponding Member _____

Student Member _____

Admission Fee=Rs 1,000/- _____

Nature of Payment (Cash/DD) _____

Amount _____ DD No. _____

Drawn on _____

Date _____

Remarks by Secy./Hon.Treasurer of state chapter

Note: Subscription is to be remitted by demand draft. Please consult the respective state chapter Secretary for making the demand draft.

DECLARATION

I, (Full Name) _____ am desirous of being enrolled as Life/Annual/Provisional Life/Student/Affiliate/Corresponding/Direct member of 'Indian Radiological & Imaging Association' and agree, if enrolled, abide by the Rules & Bye-laws of the Association now existing or such Rules and Bye-Laws which may hereinafter be made or altered.

If at any time, my this statement is found to be incorrect, my membership, if granted will be liable to be cancelled and the subscription paid by me may be forfeited by the Association.

Date : _____

Place: _____

Signature of Applicant

Proposed by : (member of IRIA)
Name _____

Seconded by : (member of IRIA)

Folio No. _____

Name _____

Signatures _____

Folio No. _____

Address _____

Signatures _____

Address _____

RECOMMENDATIONS OF THE STATE CHAPTER SECRETARY, IRIA

I declare that he/she fulfils the conditions and may be enrolled as Life/Annual/Provisional Life/Student/Affiliate/Corresponding/Direct Member of 'Indian Radiological & Imaging Association'.

Name of State Chapter _____

Signature of State Chapter Secretary, IRIA

FOR CENTRAL OFFICE OF IRIA USE ONLY

Enrolled as Life/Annual/Provisional Life/Student/Affiliate/Corresponding/Direct Member of 'Indian Radiological & Imaging Association.'

Folio No. _____

Receipt No. _____

Dated _____

Secretary General, IRIA

Membership Subscription

The members shall remit the subscription as follows.

Life Member	: Rs 6,500.00
Annual Member	: Rs 1,500.00
Provisional Life Member	: Rs 6,500.00
Affiliate Member per annum	: Rs 10,000.00
Corresponding Member	: US \$ 100.00
Student Member (Annual)	: Rs 1,500.00
Admission Fee	: Rs 1,000.00

The State/UT Chapter will henceforth charge Rs 7,500.00 as the Life Member subscription which includes Rs 1,000.00 as Admission Fee, the State/UT Chapter will retain Rs 1,600.00 as its share of Life Member subscription and Rs 400.00 being 40% of the Adm. Fee. Rest of Rs 4,900.00 and Rs 600.00 being share of Central IRIA Hd. Qtrs. (Total 5,500.00) towards Life Member Subscription and Adm. Fee respectively would be forwarded to IRIA Hd. Qtrs. along with Membership Form.

There is no Adm. Fee for the Annual Student Members.

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