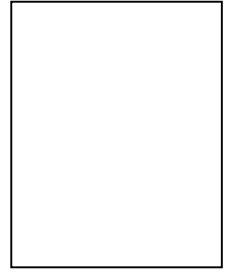




INDIAN ASSOCIATION OF BIOMEDICAL SCIENTISTS

Membership Form



Regd. No. 5/1980

To
The President
IABMS

Through :
The General Secretary
IABMS

Sir/Madam,

Please enroll me as a member of the Indian Association of Biomedical Scientists. I am sending my membership subscription (Life* / Annual**) of Rs... by Demand Draft in favour of **IABMS, Chennai** (* Rs. 3000/- **Rs.300/-)

Address for Communication

Permanent Address

Yours Truly,

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.....

(SIGNATURE)

Email ID :

Phone / Mobile No. :

PARTICULARS

1. Name in Full :
(in Block Letters)

2. Sex : Male/Female

3. Date of Birth & Age :

4. Qualifications :
: Year _____ University

a. U.G.

b. P.G.

c. Post P.G.

5. Present Status :

6. Areas of Specialisation :

7. Contribution to Biomedicine,
If any (on a separate sheet)

8. Particulars of the DD :
(No. Amount, Date, Bank & Branch)

9. Name and Signature of the Life member of IABMS (Proposer)

LM No.

Office use

Approval by E.C. YES/NO.

Membership. No.

General Secretary

President