

Indian Association For Medical Informatics Membership Form

Membership Type: Individual Company Institution National Member
 Student Organization Establishment International Member

Name * :

Designation * :

Date of Birth * : DD MM YY YY Gender * : Male Female

Address : (Residential address in case of individual/student or Organization address in case of others)

Organization Name * :

Door No/ Building Name * :

Road /Street / Post Office * :

Town / City / District * :

State / Union Territory * :

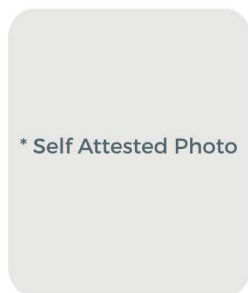
Country * : PIN Code * :

Telephone Number * (With STD Code) :

Mobile No * :

Email id * :

Education Qualification * :



Identity Proof Details

Photo Identity Proof *	Address Proof *
Identity Proof Name (Eg: Pan Card, DL, Passport..) <input type="text"/> Identity Proof Number <input type="text"/>	Address Proof Name <input type="text"/> (Eg: Passport, DL, Latest Telephone bill) <input type="text"/>

Declaration

I hereby declare that all the information provided on the Membership form for the purpose of becoming a life member of Indian Association for Medical Informatics is true and correct to the best of my knowledge.

Signature of the Applicant * :

Date * : Place * :

Membership Fee and Payment Mode

Membership Fee *	Institutional Membership Fee * (For Any 6 nominated individuals)
Indian Nationals : Rs. 3000.00 (INR) Non Indian Nationals : \$ 100.00 (USD)	Registered in India : Rs. 15,000 (INR) Registered outside India : \$ 500 (USD)

* Demand Draft/Cheque can be sent in favour of "Indian Association For Medical Informatics" Payable at Hyderabad

* Online Transactions: A/c No: 224010100034478, AXIS Bank, Rajender Nagar Market, New Delhi 110060, IFSC :UTIB0000224 (Savings Account)

For office use only

I hereby declare that the application is complete and verified the Identity, Address and Payment details.

Signature and Seal *

Date * : Name * :

Applicant Membership Number	<input type="text"/>
Date of Issuance	<input type="text"/>