



(To be filled in by office)

S. No
Membership code
Receipt No.....
Approved: Yes No

INDIAN ASSOCIATION FOR MEDICAL INFORMATICS

All India Institute of Medical Sciences, New Delhi – 110029, India

Tel: +91-11-26588332; Fax: +91-11-26588663, 41, E-mail: support@iami.org.in , URL: www.iami.org.in

MEMBERSHIP APPLICATION FORM

Life Membership Form
(All Details to be filled in Block Letters)

Please paste your
Recent colour
Photograph
(3.5 cm x 5.8 cm
with white
background)

To,
Mr. S.K. Meher, MCA (NIT, Rourkela), MBA (Hospital Management), M.Phil (CS)
President of Indian Association For Medical Informatics (IAMI)
Department of Computer Facility,
All India Institute of Medical Sciences, New Delhi- 110029, India

Dear Sir,
I request you to kindly enrol me/our Institution/Organisation/Company/Establishment as Life/Student member of IAMI.
I am providing the particulars of myself /my institution/Organisation /Company/Establishment follows.

My Particulars are as follows: (PLEASE WRITE / TYPE IN CAPITAL LETTERS)

- Name:
(First) (Middle) (Last)
- Gender Male Female (Please Tick)
- Educational Qualification:
- Designation:
- Organization:
- Date of Birth:/...../..... (DD/MM/YYYY)
- Areas and field of work/interest:
- Address for Communication:
- Permanent Address:
- Postal Code: City: State:
- Tel No: Mob No.:
- E-mail:

Subscription Rates:

- Individual Life Membership (Indian Nationals) ---- Rs. 3000.00 , Non Indian ---- US \$ 100.00
- Institutional Membership (For any 6 nominated individuals)
Registered in India ---- Rs. 15000.00, Registered outside India ---- US \$ 500.00
**please add Rs. 75.00 for outstation cheques and add Rs. 100.00 if certificate are to be sent by courier (For India Only)*
**Note: Take Photocopies if required. You may get this form through email.*

Payment Method:

Online / Demand Draft No: Date:/...../.....
Bank Name: Place:
Demand Draft can be sent in favour of "Indian Association for Medical Informatics" Payable at New Delhi

Signature of Applicant:
Date: Place:

Signature of General Secretary.....
(Indian Association of Medical Informatics)
Date & Stamp:/...../.....