

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 June issue of IRIA News Bulletin.



MEMBERSHIP DETAIL

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

MEMBERSHIP SUBSCRIPTION

Life Member Subscription	Adm. Fee	GST @ 18%	TOTAL AMOUNT
Rs 3,000/-	Rs 500/-	Rs 630/-	Rs 4,130/-

Multicity Cheque/Demand Draft No. _____ Dated : _____

Name of Bank: _____

Demand Draft/Multi City Cheque should be made in the name of 'Indian College of Radiology & Imaging' payable at New Delhi.

Mail this Application Form with the subscription to:

Dr. V.N. Varaprasad, Secretary ICRI

ICRI Central Office, C-5, Qutab Institutional Area, New Delhi-110 016

Tel. : 011-41688846, 26965598. E-mail: icri74@gmail.com

(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		Clip two recent passport size photos here
Designation		
Teaching/Private Practice	Teaching: ____ yrs. Non-teaching: ____ yrs.	
Address		
City	Pin Code:	
Telephone	Mobile No.	
Email id		

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 wish to enrol as a LIFE MEMBER of Indian College of Radiology & Imaging and as a confirmed Life Member, agree to abide by the currently existing constitution, rules and bye-laws of the College 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: _____

Hon. Secretary: Sign. _____