

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. +91 11 26965598, +91 11 41688846
E-mail: iria37@gmail.com, Website: www.iria.in

Kindly submit the membership form
along with all documents in two sets.



(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 _____

Attach two recent
passport size
photographs.

Qualifications (**attach proof**)*

Year

Institution

Qualifications (attach proof)*	Year	Institution

Name of Medical Council of Registration _____

Registration No.* (**attach copy**) _____ Date of Registration _____

Area of Specialization _____ Designation _____

Mailing address _____

_____ City _____ PIN _____

Tel. Nos. _____ Mobile No. _____

E-mail id: _____

Permanent address _____ **Hospital/Institution/Clinic address** _____

Tel. Nos. _____ Tel. Nos. _____

Membership Subscription (Please Enter Amounts)

Life Member _____

Provisional Life Member _____

(For subscription amount, please see overleaf).

Nature of Payment (Cash/ Multi city cheque/DD)

Amount _____ Cheque/DD No. _____

Drawn on _____

Date _____

Remarks by Secy./Hon.Treasurer of state chapter

Enclosures: Certified copies of (i) MBBS, (ii) PG Degree/Diploma in Radiology, (iii) Registration of State Medical Council, (iv) If PLM, then declaration from HoD of Radiology, (v) Two recent passport size photographs and (vi) DD/Multi city Cheque of Subscription.

DECLARATION

I, (Full Name) _____ am desirous of being enrolled as Life/Annual/Provisional Life/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)
Name _____

Folio No. _____

Folio No. _____

Address _____

Address _____

Signatures _____

Signatures _____

RECOMMENDATIONS OF THE STATE/UT CHAPTER SECRETARY, IRIA

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

Name of State Chapter _____

Name & Signature of IRIA State/UT Chapter Secretary

FOR CENTRAL OFFICE OF IRIA USE ONLY

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

Folio No. _____

Receipt No. _____

Dated _____

Secretary General, IRIA

Membership Subscription including GST

Life Member/Provisional Life : Rs 8,850.00
Member Subscription

(This subscription includes Adm. Fee of Rs 1,000/- & GST @ 18%)

A member shall remit Rs 8,850/- as Life/Provisional Life Member subscription to the State/UT chapter.

The State/UT chapter shall remit Rs 6,490/- to IRIA HQ after keeping Rs 2,360/- as its share including GST.

Note: Subscription is to be remitted by demand draft/multi city cheque only. Please consult the respective state chapter Secretary before making the demand draft/multi city cheque for the Bank Account Name of state chapter. **For Life Members, certified copy of certificates of MBBS, PG Degree/ Diploma in Radiology and copy of registration of State Medical Council is must. Without these documents, the membership form will not be accepted.**