Indian Congress of Forensic Medicine & Toxicology

APPLICATION FOR MEMBERSHIP

(To be submitted in duplicate)

To

The General Secretary,

Indian Congress of Forensic Medicine & Toxicology.

Dear Sir,

I want to become a Life Member of the Indian Congress of Forensic Medicine & Toxicology. I have gone through the rules and regulations of the Academy and I agree to abide by the same. I furnish hereby the necessary particulars as required by you. Kindly enroll me as a member and oblige.

		Yours faithfully,
Place:		
Date:		
		Signature of the Applicant
Particulars to be filled up by the Applicant:		
Name (in block capital)	:	
Father's/Husband's Name	:	
Date of Birth	:	
Permanent Address	:	
Present Address	:	
(Subsequent change in Address should be intimate	d)	
Phone No.	:	
E-mail address	:	
Social status	:	Single / Married / Widow / Widower / Divorcee
Educational Qualifications	:	
(With name of University and date of passing)		
Registration Number, year & name of the council	:	
Present position in the profession	:	
Membership fees paid	:	
		By Bank Draft / Cheque No
		Dated
Signature of the Applicant		
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Membership: Accepted / Not accepted:

Date of Acceptance:

Treasurer

Secretary

Membership fees: - Rs 5000/-, Fund Transfer in account 30061870038 of Indian Congress of Forensic Medicine & Toxicology in State Bank of India.