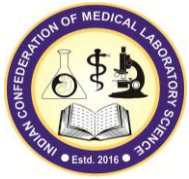


INDIVIDUAL LIFE MEMBERSHIP FORM



INDIAN CONFEDERATION OF MEDICAL LABORATORY SCIENCE

Affiliated to- International Federation of Biomedical Laboratory Science, Hamilton, Canada
Asia Association of Medical Laboratory Scientists (AAMLS), South Korea
Registered under Society Registration Act 1860-Regd No. S 1256/2016
Head Office: New Delhi (India) Website www.icmls.com e-mail: president.icmls@gmail.com

To
The General Secretary,
Indian Confederation of Medical Laboratory Science (ICMLS)

Paste self
attested
Passport size
Photograph

Dear Sir,

I wish to join the INDIAN CONFEDERATION OF MEDICAL LABORATORY SCIENCE (ICMLS) as a life Member. I am hereby paying Rs. 1000/- as Life Membership Fee/Rs 5000/- as NRI Membership fee (Working outside India) in Cash/DD/ Cheque. I hereby declare that I shall abide by the rules and regulations of ICMLS and shall try my best to fulfill the aims and objectives of the ICMLS.

Yours faithfully,

(Signature of the applicant)

Name (In block letters)

Permanent Address

Mailing Address

Phone No.....E-mail.....

Date of Birth

Qualification Academic:.....
Professional:.....

Experience

Name of the Institution/
Hospital attached with

Membership Fee Payment detail

Registration No.....

Life Membership fee of Rs 1000/- paid through Cash receipt /Cheque/DD No.....Date.....
Life Membership for NRI-Working outside India is 5000/- Payment reference no.

For Office Use Only

State Secretary –Branch/Departmental Unit)

State President-Branch/Departmental Unit

General Secretary, ICMLS

National President, ICMLS