

# 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 ( <b>attach proof</b> )*	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.**