

ANATOMICAL SOCIETY OF INDIA

(Regd. No 704/2010-2011)

APPLICATION FOR MEMBERSHIP

[Incomplete Application Form will not be accepted]

To,
The General Secretary
 Anatomical Society of India,

Membership No.....

Dated.....

I desire to enroll myself as an **Ordinary/Couple / Life Member** of the Anatomical Society of India for/ from the yearI agree to abide by the Constitution, Rules and Regulations of the Society and any other provision made in its General Body Meetings from time to time. I will pay by **Cash / NEFT / Bank Draft / Multicity cheque** in favour of the **Treasurer, Anatomical Society of India** payable at **Lucknow**, towards membership fees and any other charges.

NAME IN FULL (INBLOCKLETTERS)	First	Middle	Surname
FATHER / HUSBAND'S NAME	First	Middle	Surname
QUALIFICATIONS WITH YEARS	1.	2	
	3	4	.
	5.	6	
PRESENT/ IMMEDIATE PAST DESIGNATION			
NAME OF DEPARTMENT & INSTITUTION			
COMPLETE POSTAL ADDRESS FOR CORRESPONDANCE (inform whenever changed)			
	CITY	PIN	STATE
COMPLETE POSTAL ADDRESS (RESIDENTIAL)			
	CITY	PIN	STATE
E MAIL ID			
OFFICE TEL. NO.			
RESI. TEL. NO.			
MOBILE NO.			
PROPOSED BY			
	(Signature, Name and Address of the valid member of the ASI)		
SECONDED BY			
	(Signature, Name and Address of the valid member of the ASI)		

Signature

Signature

Signature

TREASURER

GEN. SECRETARY

APPLICANT

Dated.....

(For EDITOR's Office)

MembershipNo _____

Please send the JOURNAL at the following address

NAME OF MEMBER (in Block Letters)	First	Middle	Surname
COMPLETE POSTAL ADDRESS FOR SENDING JOURNAL			
	CITY	PIN	STATE
E MAIL ID:			
OFFICE TEL.NO.			
RESI.TEL.NO.			
MOBILE NO.			
DATED.....			
Signatureofthe APPLICANT			

(For TREASURER's Office)

MembershipNo _____

NAME of MEMBER (in Block Letters)	First	Middle	Surname
COMPLETE POSTAL ADDRESS FOR CORRESPONDENCE (Inform whenever changed)			
	CITY	PIN	STATE
E MAIL ID:			
OFFICE TEL. NO.:			
RESI.TEL.NO.:			
MOBILE NO.:			
PAYMENT DETAILS "TREASURER, ANATOIMICAL SOCIETY OF INDIA", Payable at LUCKNOW			
Bank Draft / Multicity Cheque / NEFT (attach copy of receipt)	No.	Dated	Amount
Bank	Name	Branch	
Name of the Bank			
For Rupees			
Signatureofthe APPLICANT			

BIODATA PROFORMA*(Kindly furnish the following information for the Membership Directory)*

NAME IN FULL (IN BLOCK LETTERS)	:	First	Middle	Surname
Date of Birth & Age:	:			

Academic Qualifications:

Sl. No.	Qualifications	Subject	Year	College/Institution/ Academic Body	University
	MBBS				
	MSc				
	MD/MS				
	DNB				
	PhD				
	DSc				
	Any other				
National / International Awards					
Field of Research:					
Participation in Conferences etc.		State: National: International:			
Any other Special Information:					
Year/Date of joining Anatomy Department		Designation: Name of Institution:			
Year/Date of joining the ASI		Ordinary Member Membership No.:		Life Member:	
Official Address					
Present Address					
Permanent Address					

Signature of the APPLICANT

HOW MUCH TO PAY

Ordinary Membership: (from 1 January to 31 December each year)		INR	USD
	Enrolment fee	200	20
	Membership fee	1500	100
	Total	1700	120
Couple Membership: (from 1 January to 31 December each year)			
	Enrolment fee (Two)	400	
	Membership fee	2250	
	Total	2650	
Life Membership: (one time)			
	Enrolment fee	200	40
	Ordinary Membership fee (of current year)	1500	100
	Life membership fee	8000	900
	Constitution Booklet of ASI	100	10
	Total	9800	1050
Associate Membership	For each Annual Conference	300	30
U.G. Student Membership		50 (Presently suspended)	
BANK COLLECTION:	Add for inward bank charges in India	USD 10	

BANK DETAILS....FOR NEFT PAYMENT: (Attach copy of receipt of payment with this form)

BANK	:	Indian Bank,
Branch	:	KGMC. LUCKNOW-226 003 UP
Account Name	:	Treasurer, Anatomical Society of India
S/B a/c No.	:	20229838126
BRANCH Code	:	211028
IFSC Code	:	IDIB000K656
MICR Code	:	226019263
SWIFT Code	:	ALLAINBBLUK

INCOMPLETE FORM WILL NOT BE ACCEPTED

Please post this form along with the Bank Draft / Multicity Cheque / Receipt of NEET at the following address:-

Prof. Punita Manik,
Treasurer ASI,
Department of Anatomy,
King George's Medical University,
Lucknow-226 003 UP India

Phone: 91+9839223622

E-MAIL: treasurerasi@yahoo.com