

# INDIAN COLLEGE OF RADIOLOGY & IMAGING

(Academic wing of Indian Radiological & Imaging Association)

## APPLICATION FOR LIFE MEMBERSHIP

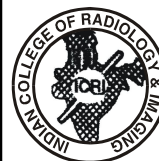


### ELIGIBILITY FOR MEMBERSHIP

1. Only Life Membership is accepted
2. Continuous Member of IRIA for 3 years or more & Life Member.
3. Must be Proposed & Seconded by member/fellow of ICRI.

### MEMBERSHIP BENEFITS

Members of the College are eligible for Orations, Awards and Fellowships instituted by the College as per criteria published in June issue of IRIA News Bulletin.



### MEMBERSHIP DETAIL

Name (BOLD LETTERS):	
Qualifications:	
Date of Birth:        /        /	Age: _____ Yrs.        Sex: M / F
Address:	
	City:
	Pin Code: _____ State:
Phone: Clinic/Hosp.:	
MOB. No.	E-mail:
IRIA Member: since	(attach proof if possible) IRIA Folio No.:
Name of Medical Council of Registration:	
Medical Council Registration No.	

### MEMBERSHIP SUBSCRIPTION

Life Member Subscription	Adm. Fee	GST @ 18%	TOTAL AMOUNT
Rs 3,000/-	Rs 500/-	Rs 630/-	Rs 4,130/-

Multicity Cheque/Demand Draft No. \_\_\_\_\_ Dated : \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Demand Draft/Multi City Cheque should be made in the name of 'Indian College of Radiology & Imaging' payable at New Delhi.

**Mail this Application Form with the subscription to:**

**Dr. Sikandar Shaikh, Secretary ICRI**

ICRI Central Office, C-5, Qutab Institutional Area, New Delhi-110 016

Tel. : 011-41688846, 26965598. E-mail: icri74@gmail.com

(Please allow 6-8 weeks for processing of this application)

You will receive certificate of Membership of ICRI by mail on acceptance of your membership

**YOU MUST COMPLETE THE DETAILS ON THE REVERSE OF THIS FORM**

**PLEASE FILL IN FOLLOWING DETAILS**  
**If you are attached to more than one institution**

Name Instit/Hosp./Clinic	
Designation	
Teaching/Private Practice	Teaching:____ yrs.      Non-teaching:____yrs.
Address	
City	Pin Code:
Telephone	Mobile No.
Email id	

Clip two recent passport size photos here

**Please list the last 3 conferences/CMEs attended:**

YEAR	PLACE	NAME OF CONFERENCE/CME

**PLEASE ATTACH ONE PAGE BIO-DATA WITH THIS FORM**

**DECLARATION**

I, (full name) \_\_\_\_\_ am a Life Member of IRIA for 3 years or more. I wish to enrol as a LIFE MEMBER of Indian College of Radiology & Imaging and as a confirmed Life Member, agree to abide by the currently existing constitution, rules and bye-laws of the College or which may be hereafter altered or amended from time to time.

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

PROPOSED BY MEMBER/ FELLOW OF ICRI

**NAME** : \_\_\_\_\_ **Signature:** \_\_\_\_\_

**ADDRESS** : \_\_\_\_\_

SECONDED BY MEMBER/ FELLOW OF ICRI

**NAME** : \_\_\_\_\_ **Signature:** \_\_\_\_\_

**ADDRESS** : \_\_\_\_\_

**FOR ICRI OFFICE ONLY**  
**RECOMMENDATION OF GOVERNING BODY**

ADMITTED:

NOT-ADMITTED:

ICRI Folio No. \_\_\_\_\_

Ledger No. \_\_\_\_\_

Page: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_

Posted on: \_\_\_\_\_

Refund: Chq.No. \_\_\_\_\_

Date: \_\_\_\_\_

Posted on: \_\_\_\_\_

Hon.Secretary: Sign. \_\_\_\_\_