

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, **WA No. +91 9318435313**
E-mail: iria37@gmail.com, Website: www.iria.org.in



(For office use only)

Name of State/UT 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

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) Passport size photograph, and (vi) DD/Multi city Cheque of Subscription.

DECLARATION

I, (Full Name) _____ am desirous of being enrolled as Life/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 : (Life/Emeritus Member of IRIA)

Seconded by : (Life/Emeritus Member of IRIA)

Name _____

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/Provisional Life/Affiliate/Corresponding 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/Provisional Life/Affiliate/Corresponding/Direct Member of 'Indian Radiological & Imaging Association.'

Folio No. _____ Receipt No. _____ Dated _____

Secretary General, IRIA

Membership Subscription

Life Member (LM)/Provisional Life Member (PLM)
Subscription : Rs 10,000.00
Adm. Fee : Rs 2,000.00
GST @ 18% : Rs 2,160.00
Total : Rs 14,160.00

For Affiliate/Corresponding/Corporate membership,
please contact IRIA HQ.

**Share of IRIA HQ for
LM/PLM including
GST
= Rs 10,266.00**

**Share of State/UT
Chapter of IRIA
including GST
= Rs 3,894.00**

Note: Subscription is to be remitted by demand draft/multi city cheque/payment gateway. Please consult the respective state/UT chapter Secretary before making the demand draft/multi city cheque for the Bank Account Name of state/UT 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. If PLM, then declaration from HoD of Radiology is must. Without these documents, the membership form will not be accepted.**

Form amended as on 01.04.2023