INDIAN ASSOCIATION OF CLINICAL MEDICINE

Headquarter: P.G. Department of Medicine, S.N. Medical College, Agra.

Date: _____

The Honorary Secretary
Indian Association of Clinical Medicine (IACM)
P.G. Department of Medicine
S.N. Medical College
Agra.

Passport size photograph.

We hereby propose the admission of

Name (in full): _____
Qualification: _____
(Branch of Medicine for P.G. Degree)
University: _____
Year of obtaining First Postgraduate Qualification:_____

Address: _____

_____

Contact No: _____E-mail:_____

As an Associate Life Member / Life Member / Fellow of the Association

To the best of my knowledge and belief the above particulars are correct and we consider him/her a fit and proper person to be admitted as Associate Life Member / Life Member / Fellow of the Association. A demand draft No. _____ dated _____ of _____ for Rs. _____ is enclosed herewith.

Signature_____(Proposer)
Name_____
Fellowship/Membership No._____

Signature _____(Seconder)
Name _____
Fellowship/Membership No. ____

Subject to approval of the Governing Body, I agree to become a Associate Life Member/ Life Member / Fellow if admitted to abide by the rules & regulations of the Association

Signature of the candidate_____

_____Note by Secretary

- **Fellowship Subscription – Rs.9000/-.**
  (minimum 10 years standing after P.G. Qualification)
- **Life Membership Subscription – Rs.3000/-.**
  (Minimum Qualification – P.G. qualification as specified in constitution)
- **Associate Life Member Subscription – Rs. 3000/-.**
  (Diploma or P.G. Qualification not covered as per constitution)
- **Please attach attested photocopy of P.G. Degree/Diploma.**
- **Cheques shall not be accepted.**