IASSTD&AIDS

INDIAN ASSOCIATION FOR THE STUDY OF SEXUALLY TRANSMITTED DISEASES & AIDS

MEMBERSHIP APPLICATION FORM

(Fill in Capital Letters)

Date:_____

NAME:_____   **AGE:**_____

QUALIFICATION:_____

ADDRESS:_____

_____

_____

_____

STATE:_____   **PINCODE:**_____

PHONE (R):_____**PHONE (CI):**_____**MOBILE:**_____

EMAIL:_____**FAX:**_____

NAME OF INTRODUCER:_____

(Signature of introducer)   (Signature of applicant)

Life Membership Fee : 5,000/-   Annual Membership Fee: 500/-
Overseas membership: U.S.$ 400

1. Documents to be enclosed online:
   1. Passport size Photo   2. Bio-data / Letter from HOD   3. Copy of UG & / PG Medical Degree Certificate 4. Copy of Medical Council Registration Certificate.

2. Payment option- online:
   Bank Name : State Bank of India, CIT Nagar Branch, Chennai - 600035
   Name of the Account : IASSTD and AIDS
   Current A/C Number :10624892135
   IFSC Code : SBIN0003307

3. Payment option - Cheque/ DD:

   Cheque/ DD drawn in favour of "IASSTD and AIDS", Chennai. and should be sent to Treasurer

4. Member needs IJSTD soft copy : Yes/ No :

Contact:
Dr.Mahalingam Periasamy,
Treasurer, IASSTD & AIDS
205, 6th street, Thanigachalam Nagar F block,
Ponniammanmedu, Chennai - 600 110. Tamil Nadu
Mobile: 95000 99746   Email: cfet93@gmail.com