



INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH MEMBERSHIP APPLICATION FORM

То

The Honorary General Secretary Indian Association of Occupational Health

Dear Sir,

I do hereby apply to be elected as a life / full / associate / institutional member of the Association.

I have read the Rules and Regulations of the Association and if elected, agree to abide by them.

The detailed particulars are given below.

Name		
M	Mobile No	
Landline No		
Email ID: Signature		
1.	NAME	
2.	MAILING ADDRESS	
3.	DATE OF BIRTH:	
4.	QUALIFICATION (With names of Universities or: (Licensing bodies and year of acquiring them)	
5.	REGISTRATION NUMBER: (Source & Date (if any)	

6.	Are you in service or practice?	
7.	If in service, please indicate your designation and employer:	
8.	Specialization if (underline major specialty, Indicate additional specialty and subject of super specialty)	
9.	. Are you attached to any Hospital, Office, ESIS, Industry, and Plantation etc?	
10.	Areas of Professional interest	
	Proposed byofBranch	
	Forwarded to the Hon. General Secretary, IAOH: Center's share of membership subscription sent to the Treasurer/ enclosed herewith.	
	Date:(Secretary)	

Branch: Association of Environmental and Occupational Health, Delhi (Delhi State Branch of IAOH)

General Information

- Eligibility for Membership: Any registered doctor working in industries or such organizations either full or part time, or any practicing doctor is eligible as full member.
 Any other person interested in occupational health activities is eligible to become associate member. Associate members are not eligible to hold any office either at the center or branch level.
- 2. Membership Subscription (including Branch Membership):

Life Member ------Rs 9000/- plus 18% GST Life Associate Member ----- Rs 8000/- plus 18% GST

(Please make payment through Cheque/Draft infavor of "Association of Environmental and Occupational Health Delhi" payable at Delhi.)

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