



SOCIETY OF NUCLEAR MEDICINE, INDIA

The Secretary
Society of Nuclear Medicine (India)
C/o Radiation Medicine Centre (RMC, BARC)
Tata Memorial Centre Annexe, Parel, Bombay -000 12.

Sir,

I, Dr./Shri/Smt/Kum: _____

apply for enrolling me as a Member / Life Member of the Society of Nuclear Medicine, India.

I send herewith a sum of Rs. 5000 (Rupees Five Thousand only) in cash / by cheque / by DD towards my subscription.

I have read the rules and regulation of the Society carefully and I accept and agree to abide by the same.

Date: _____

Place: _____

Signature

Name in full: _____ Age: _____

Address for correspondence: _____

Telephone: _____ Office: _____ Home: _____

Email: _____ Fax: _____

Academic Qualifications: _____

Professional Experience: _____

Designation and nature of present work: _____

(For Office use only)

Date: _____ Introduced by: _____ Signature: _____

Place: _____ Name & Membership reference: _____

Admitted as a Life Member / Member: _____ on (date) _____

Ref: Receipt No: _____ dated. _____ President / Secretary

Please note: Fill in BLOCK LETTERS and underline the name which you are known.

Life membership fee is Rs.5000/-

Local Cheque/DD should be drawn in favor of "Society of Nuclear Medicine (India)" for Rs.5,000/-.

Please take a print out, fill it and post it to the Secretary, SNM, India