

Indian Academy of Biomedical Sciences

(Registration No. 2826-2011-2012, Under the Societies Registration Act-1860)

Application for Membership

Full Name:		
(In Block Letters)		
Date of birth:	Sex:	_ Nationality:
Designation:		
Address for correspondence:		
Phone: (O) (R))	Mobile:
Email:		
Academic Qualifications (subjects):		
Professional Experience (in years):		
Publications (Number only):		
Current Research Interests:		
Introduced/Referred by:		
I enclose herewith Rs	by den	nand draft No
Drawn onas Life/Annual/Student membership to		dated
Date:	Signature	
	ra University, Sarfarazganj, Email.: <u>iabshqr@gmail</u>	
For Office Use Only		
Membership No.		Secretary – General/Treasurer, IABS

Membership Fee (Payable through bank demand draft/e-transfer in favor of 'Indian Academy of Biomedical Sciences' payable at Lucknow)

- Ordinary Member Rs. 500/- per annum
- Student Member Rs. 300/- per annum
- Life Member Rs.6000/-
- Life membership fee can be paid in two installments, within one year of first payment.
- Life Membership fee is Rs. 3000/- only for those who are more than 60 years
- Associate Life Member Rs. 3000/-
- Foreign Life Member Associate: US\$: 300.00 (or equivalent amount in Indian runees)

For Electronic Transfer:

Bank Name: Indian Bank, KGMC, Lucknow Saving Account Name: Indian Academy of

Biomedical Sciences

Saving Account No.: 50094295253

Branch Code: 05028 IFSC CODE: IDIB000K656 MICR CODE: 226019263