

**Indian Academy of Cytologists- U. P. Chapter  
Membership Application Form**

Name in Full: \_\_\_\_\_  
(Surname) (First Name) (Last Name)

Age \_\_\_\_\_ yrs Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

Address (Preferred address for communication)

Official/Clinic/Laboratory

Residential

Pin Code:

Tele:

Pin Code:

Tele:

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Academic Qualifications (Please enclose photocopy of certificate)

Degree	Year	University
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date:

Signature

**Post application form to:**

Dr. Ram Nawal Rao

Professor

Department of Pathology

Sanjay Gandhi Postgraduate Institute of

Medical Sciences – 226014, U.P.

**Email: secretaryiacupchapter@gmail.com**

Mobile: +91 8004904564

**Membership Fees:**

Ordinary membership : Rs 1000

Life membership : Rs 3000

Life Associate membership : Rs 3000

- Payment is to be made in the form of Demand Draft/CBS Cheque payable at par drawn in favour of “**Indian Academy of Cytologists- U. P. Chapter**” payable at Lucknow. Alternatively, payment may be remitted online to Indian Academy of Cytologists-U.P. Chapter, account no. 177301000003025, Indian Overseas Bank, Vibhuti Khand, Gomti Nagar, Lucknow Branch, IFSC code IOBA0001773. Please send it to Treasurer/Joint Secretary, IAC-UP Chapter at the above address.
- **Ordinary membership** is offered to postgraduates/postgraduate students in pathology & allied subjects.
- **Life membership** is offered to any Medical postgraduate with experience in cytology.
- **Membership for NRIs** is offered to medical professionals practicing outside the country (NRI), holding qualifications registered in the MCI.
- **Life Associate membership** is offered to non-pathology postgraduates/PhD practicing cytology.
- **Pin Code, email ID and telephone numbers are mandatory**

**FOR USE BY OFFICE OF INDIAN ACADEMY OF CYTOLOGISTS-U.P. CHAPTER**

Application Received on:

Fee Received:

Membership No: