



MEMBERSHIP APPLICATION

**SOCIETY OF TROPICAL MEDICINE
AND INFECTIOUS DISEASES IN INDIA**

Office : Department of Tropical Medicine Room No. 20, Annexure Building
School of Tropical Medicine, 108, C.R. Avenue, Kolkata- 700073.
Phone : 22123718 ,Email : tropical2009@rediffmail.com, Website : www.stmidi.org

REGN. NO. 76270 of 2010-2011

To
The Secretary
Society of Tropical Medicine and Infectious Diseases in India
Department of Tropical Medicine Room No. 20, Annexure Building
School of Tropical Medicine
108, Chittaranjan Avenue, Kolkata- 700073

We hereby propose the admission of:

Name(Surname).....First Name.....Middle Name.....

Qualification..... (Mentioned the branch of Medicine in which post Graduate qualification was obtained).

Date of birth:

- I hereby state that above information is true and correct.

Note for the proposer / seconder: To the best of our knowledge and belief the above particulars are correct, and we consider him/her a fit person to be admitted as member of the Society.

Signature of the Seconder _____ Signature of the Proposer _____

NameName

Membership No.Membership No.

- Subject to approval of the governing body in an ordinary or special meeting. I agree to become a member and if admitted, to abide by the rules and regulation of the Society.

Signature of the Candidate

Note by Secretary

*Two recent size photographs, photocopies of registration with Medical Council and Post Graduation Certificate by a recognize university should accompany the application from.

N.B. Kindly read carefully the rules and regulations printed overleaf before filling this form.

As a:
Life Member/ Associate Member
(Please Tick the appropriate)
Membership Fees:
Life Member: Rs. 2000/-
Associate Member: Rs. 1000/-

Details of Payment In favour of:
"SOCIETY OF TROPICAL MEDICINE AND
INFECTIOUS DISEASES IN INDIA"

(Cheque*/DD/Cash).

Applications from outside Kolkata are requested to send
Cheque and Demand drafts Payable at Kolkata.

* For out station cheque add Rs. 100/-

Cheque / Draft No.

Date.....

Drawn on Bank.....

Branch.....

Counter Signature
Designation

Signature of
Treasurer
STMIDI
Kolkata-700073

Year of obtaining Post Graduate qualification(s).....

University(s).....

Registration No. of Medical Council.....

Residential Address:

.....

.....

State..... Pin No.....

Current affiliation (Service / Pvt.Practice).....

Address.....

Publication (s)(if any)(please attach separate sheet if required).....

Tel (Off)..... Tel (Res.).....

Fax..... Mobile:

Email.....

OFFICE RECORD

Cheque / Draft No. Date.....

Drawn on Bank..... Branch.....

Counter Signature
Designation



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**RULES & REGULATIONS
OF THE SOCIETY REGARDING ADMISSION OF
LIFE MEMBERS / ASSOCIATE MEMBER**

LIFE MEMBER :

Life Members are required to possess a post-graduate medical degree/ diploma such as MD/DNB/DM/Diploma in any discipline from any institution or university recognized by Medical Council of India and/ or approved by the Governing Body of the Society.

LIFE ASSOCIATE MEMBER :

A person holding a MBBS degree (not having P.G. degree/ diploma) recognized by Medical Council of India shall be enrolled as a Life Associate Member. Life Associate Member shall have no voting rights, nor the rights to propose, second any one or contest for any office of the Governing Body. Life Associate Members of the Society are not eligible for any oration, lectureship or any other award of the Society.