



**INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH
MEMBERSHIP APPLICATION FORM**

To
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.

Yours faithfully,

Signature

Name.....

Date:

-
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 byof.....Branch.....

Seconded byof.....Branch.....

- Forwarded to the Hon. General Secretary, IAOH:
- Center’s share of membership subscription sent to the Treasurer / enclosed herewith.

Secretary

Date:

Branch –Delhi, (Association of Environmental and Occupational Health Delhi)

General Information

1. **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 7000/- lumpsum
 - Life Associate Member----- Rs 6000/- lumpsum

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