NATIONAL M.Sc MEDICAL TEACHERS ASSOCIATION
REG. District East/Society/660/2013 by Registrar of societies, District East, Delhi
Regd. Office: A-42, Street No.3, West Nathu colony, Shahdara, Delhi 110093

STUDENT MEMBERSHIP APPLICATION FORM

(Please fill in capitals only, tick wherever necessary)

1. Category of application: Student member
2. Salutation: Mr. □ /Ms. □ /Mrs. □ /Dr. □
3. Name: ..............................................................................................................................
4. Gender: Male □ Female: □
5. Date of birth: (dd/mm/yyyy) ...........................................................
6. Joined Medical MSc in the year ........................................
7. Discipline: Anatomy □ /Biochemistry □ / Physiology □ / Pharmacology □ /Microbiology □
8. Medical College name: ..................................................................................................
9. Address: ...........................................................................................................................
   City: .............................................. PIN: ......................... State: ..............................................
   Mobile phone: ........................................
   E mail: ...........................................................
10. Residential address:
    Address: ..........................................................................................................................
    City: .............................................. PIN: ......................... State: ..............................................
    Telephone (with area code): ............................................................
11. Don’t display these information in the website: Residential address □, mobile □, email □

<table>
<thead>
<tr>
<th>Demand draft</th>
<th>Bank:</th>
<th>DD Number:</th>
<th>Branch:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Online transfer</td>
<td>Bank:</td>
<td>Name of the Sender’s A/c:</td>
<td>A/c No:</td>
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<tr>
<td>Cash receipt</td>
<td>Given to:</td>
<td>Transaction ID:</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Cash deposit</td>
<td>Branch:</td>
<td>Receipt Number:</td>
<td>Date:</td>
<td></td>
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</tbody>
</table>

Note: Student membership requires payment of one-time fee of Rs.500/. On completion of the course, the student member is eligible to upgrade to life-member by paying Rs. 1500 and furnishing a copy of the degree certificate issued by the university at convocation. Each student member is eligible to attend General Body meeting but is not eligible to vote.
Undertaking by the applicant

I have gone through eligibility criteria for membership and I shall abide by the Rules and Regulations (including bylaws) of the association.

Signature:…………………………………………… Date: :……………………………………… Place: :……………………………………

(Office purpose only)

Recommendation by the Scrutinizing Committee

I have verified the information given in this application and the supporting documents are true to the best of my knowledge. She/he fulfils the eligibility requirement for becoming student member of the Association. Hence, I recommend that ……………………………………………………………………………

Name:…………………………………………………… Signature: ………………………………………. Date: …………………………

Confirmation of membership and registration number

Membership of the applicant has been: approved □/rejected □ on date: …………………………………………………

Reasons for rejection: ……………………………………………………………………………………………………………………………….

Membership number: ………………………………………………………… valid until …………………………………………………

Treasurer: …………………………………………… General Secretary: ……………………………………….. Date: …………………

Instructions for filling the application form

1. All entries are compulsory. Incomplete applications will delay the membership process since further communications have to be made.
2. Eligibility criteria for membership is available at the official website www.medicalmsc.org.
3. Completely filled application must accompany self-attested photocopy of college identity card clearly mentioning the course joined.
4. Completed application should be sent by courier, speedpost or registered post to the following address:
   Mr. Priya Ranjan Lenka, Plot No. PE/10, Priyadarshi Enclave, Patia Station Road, Patia, PO-KIIT, Bhubaneswar - 751024 Odisha, India. For more information contact membership@medicalmsc.org
   DD payable at Perundurai or Erode, Tamil Nadu
6. Payment for membership fee can also be made online https://imjo.in/dNDVqE