



INDIANRHEUMATOLOGY ASSOCIATION

Application form

Please type or fill in BLOCK LETTERS

Title (Mr/Mrs; Dr/Prof)

Surname _____ First Name _____

ADDRESS (please provide the full address you would like to use for regular correspondence)

Street: _____

City: _____ Pin: _____ State: _____

Other Details (please provide other details like Office Address, designation to the current post and age)

Designation: _____

Age: _____ Office _____

Address: _____

CONTACT Nos: (including dialing codes)

Res Phone _____ Work Phone _____

Fax _____ E-mail _____ **Statement**

regarding suitability of the candidate for IRA membership by the proposer (the applicant's membership should be proposed by a Life member of IRA)

Proposer's Signature

Name (Life membership number)

Address of the Proposer

DECLARATION

" I understand that my membership is liable to be cancelled in case I do not pay my annual renewal fee for three consecutive years. I agree to abide by the rules and regulations of the Indian Rheumatology Association, as laid down in the current Memorandum of Association and as may be applicable in the future. I will endeavor to further the cause of Rheumatology in India to the best of my ability "

DATE AND PLACE

APPLICANT'S SIGNATURE

REMITTANCE DETAILS (please enclose with the application form, a crossed demand draft in favor of:
"Indian Rheumatology Association" payable at NEW DELHI, INDIA

DD Number _____ Dated _____ Bank _____

Please send the completed application form with all enclosures to:

Dr. Rajiva Gupta
Director, Rheumatology & Clinical Immunology
Medanta The Medicity,
Sector-38, Gurgaon,
Haryana, Pin:122001
secretary.ira@gmail.com

Important Information:

1. Fees can only be paid by DEMAND DRAFT in favor of "Indian Rheumatology Association" payable at NEW DELHI, INDIA.(CASH or CHEQUE are not accepted).

- a. Life Members : Rs. 5,000.00 (Rupees Five Thousand Only)
- b. Life Overseas members : £ 250.00 (UK Pounds Two Hundred Fifty Only)
- c. Associate Member : Rs. 3,000.00 (Rupees Three Thousand Only)
- d. Annual Membership Renewal fee: Rs.500.00 (Rupees Five Hundres Only) for life members and Associate Members.
- e. Life Overseas members Annual Renewal fee: £ 25.00 (UK Pounds Twenty five only)

2. Documents to be attached

- a. Photocopy of Postgraduate degree
- b. Recent Passport size Photograph
- c. CV in the format given below
- d. Certificate of attendance of CME/Conference e
- e. Demand draft Payable at NEW DELHI, INDIA.

3. Membership should be proposed by an active life member of IRA.

4. Incorrect / Incomplete forms shall delay processing.

CV for IRA membership

Name:

Age / Gender:

Professional Qualifications:

Degree		College
		University

Appointments held:		
Designation		College/Hospital
		Job Description

Details of Rheumatology CME/Conf attended:

- 1.
- 2.

Write five lines on why you want to join IRA including contribution to Rheumatology (if any)

Publications/Awards