



Indian Association for Adolescent Health

Registered Office: A-5, Greater Kailash, Enclave – II, New Delhi- 110048 (Regd No. S/24319/1993)

MEMBERSHIP FORM

I propose to become a member of the Association as an Institutional or an individual Life Member as a Doctor/Senior Nurse/ student/ non-medical professional /Foreigner or NRI for the year_____

Date: _____

Name: _____

Address Correspondence: _____

Email: _____

Mobile: _____ Telephone _____

Occupation/Profession/Designation _____

Specialization: _____

Agency/Institution _____

Permanent Address: _____

Draft/Cheque No _____ Rs. _____ Date _____

PAN: _____;

I hereby declare that the above information is true and I will work for the welfare of adolescents and youth and follow the rules and regulations of the organization.

Signature of the applicant

Proposed by
Signature

Seconded by
Signature

Approved by IAAH
Signature

How to take Membership:

Life Membership Fees: Institutional Rs. 5000/-, Doctors/Senior Nurses Rs. 2500/-; Student (Medical, Nursing and Paramedical) and non-medical Profession, Rs. 1500/-; NRI & Foreigner Rs. 5500/-

Annual Membership: Rs. 250/-

Application Procedure: Signed application seconded by a life member along with the Cheque or Demand Draft drawn in favor of “Indian Association for Adolescent Health”, drawn on State Bank of India, Ansari Nagar, AIIMS Campus, New Delhi branch, A/c: **10874588015**; IFSC: SBIN0001536 (used for RTGS and NEFT transactions) should reach the Secretary-General.

Secretariat Office: Dr. Jugal Kishore, Director Professor Department of Community Medicine, Vardhman Mahavir Medical College & SJH, New Delhi 110029; drjugalkishore@gmail.com.

Association website: www.iaah1992.org.