



INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH

Website: www.iaohindia.com

General Information

1. Eligibility for Membership:

Any person possessing medical qualifications as defined in the Medical Degrees Act, 1916 (Act VII of 1916) and duly registered under the Indian Medical Council Act, as amended from time to time in any of the State Medical Councils in India shall be eligible for Membership.

Persons associated with industries and allied organizations and/or interested in scientific pursuit of matters related to Occupational Health and Safety and whose qualifications are deemed satisfactory by the Council are eligible for election as *Associate members*.

2. Membership Subscription:

Branch members shall pay their subscription to their branch.

Direct members shall pay their subscription directly to the Hon. Treasurer of the Association.

Life Member	INR 7000
Institutional Member	INR 25000

Branches will have the liberty to charge a higher rate of subscription from their members.

3. Application for Membership: Application to be made in prescribed form through any branch of IAOH. If a local or state branch does not exist in an area, the candidate may apply as a 'Direct Member' to the Hon. General Secretary.
4. Candidate will fill up necessary details on the association website (www.iaohindia.com) by selecting the option of "New Member" on homepage.
5. After ratification of the membership by the council, a membership number will be allotted to the member and he will receive publications of the association.
6. Termination of membership: The membership will terminate as per the provision contained in Bye-Law 8 of the Constitution.
7. Please send the completed application form with requisite fees details to the addressed mentioned below:

Hon. General Secretary–Association of Occupational Health Karnataka (AOHK)

Dr Vikram Rajpoot,
Medical Superintendent,
FC 45 HAL Old Township, Behind HAL Kalyana Mantap,
Old Airport Road, Vimanapura Post,
Bengaluru – 560017
Karnataka.
Ph No: +91 9738907701, +91 9901591084
Email id:



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AOHK NEFT Details: Account name: Association of Occupational Health Karnataka; Account No: 10838594791; Account type: Current; Bank: SBI; Branch: HAL BRANCH; IFSC: SBIN0001114.

MEMBERSHIP APPLICATION FORM

Membership Category:

Life	Institutional
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To,

**Dr Vikram Rajpoot,
 Medical Superintendent,
 FC 45 HAL Old Township, Behind HAL Kalyana Mantap,
 Old Airport Road, Vimanapura Post,
 Bengaluru – 560017
 Karnataka.
 Ph No: +91 9738907701, +91 9901591084**

Dear Sir,

I do hereby apply to be elected as a Life / Institutional member of the Association.

I have read the rules and regulations of the Association and if elected, agree to abide by them.

I have filled up necessary details on the association website (www.iaohindia.com) on date.....by selecting the option of “New Member” on homepage.

Details of fees payable DD / at par cheque / NEFT / Online transaction:

My particular details are given below.

Yours sincerely,
Signature

Date:

Name:



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1. Name (Full Name in Capital Letter):
2. Mailing Address:
3. Aadhar card & Pan card No.:
4. Phone No: (Mobile).....(O).....(R).....
5. Personal Email Address:
6. Official Email Address:
7. Date of Birth (dd/mm/yyyy):
8. Qualification (With names of Universities or Licensing bodies & year of acquiring them):
9. Registration No. (with Details of State Medical Council and Date):
10. Are you in Service or Practice (Please specify):
11. If in service, please indicate your Designation and Employer:
12. Specialisation - If any (Underline major speciality; indicate additional speciality and subject of Super-speciality):
13. Are you attached to any Hospital, Industry, ESI, Plantation, NGO etc.:
14. Areas of Professional Interest:

Proposed by..... Of.....Branch
E-mail ID of Proposer:

Seconded by..... OfBranch
E-mail ID of Proposer:



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For Branch Office Records

- Forwarded to the Hon. General Secretary, IAOH
- Centre's Share of Membership Subscription sent to the Treasurer / enclosed herewith

Name & Signature of Hon. General Secretary:

Branch:

Date:

For Central Office Records

Membership ratified in theCentral Council Meeting held on
at

Journal & Web Secretary were informed on vide Email / Letter No.....

Name &Signature of Hon. General Secretary:

MEMBERSHIP No.

Date: