

MEMBERSHIP FORM

ALL INDIA MEDICAL LABORATORY TECHNOLOGISTS' ASSOCIATION

Members Society, International Federation of Bio-Medical Laboratory Science, Hamilton, Ontario, Canada

N.G.O. Member of World Health Organisation (WHO)

Member, Asian Association of Medical Lab. Scientist, Japan

Registered under S/R Act XXI of 1860, Regd. No. S/12081 of 1981, New Delhi

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Delhi -110092

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Block A, 4th Floor, Fraser Road, Patna - 800 001
☎ : 0612-3114234 (11 AM to 06 PM)

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To,

The Secretary,

AIMLTA, State Unit

Dear Sir,

I desire to join the All India Medical Laboratory Technologists Association as a Member / Life Member. I hereby also declare that I shall abide by all rules and regulation of AIMLTA and shall try my level best to fulfill the aims and objectives of the association. I also solely declare the veracity of attached documents, the association has nothing to do with it.

Yours faithfully

All my particulars are given below.

Date :

(Signature of the Applicant)

NAME (In BLOCK Letters)

FATHER'S NAME

DATE OF BIRTH SEX (Male/Female)

PERMANENT ADDRESS

HOUSE No./FLAT No. TALUK/TOWN

DISTRICT STATE PIN CODE

CORRESPONDENCE / MAILING ADDRESS

HOUSE No./FLAT No. TALUK/TOWN

DISTRICT STATE PIN CODE

MOBILE No. E-Mail ID

QUALIFICATION (i) ACADEMIC

(ii) TECHNICAL

EXPERIENCE

NAME OF THE INSTITUTION

HOSPITAL ATTACHED/WORKING PLACE

FEES

Student Membership : ₹500/- Life Membership (IR) : ₹1500/-

Life Membership (NRI/Working Outside Country) : ₹25000/-

BANK NAME : State Bank of India (SBI)

ACCOUNT No. : 38881511103

IFS CODE : SBIN0003476

N. B. : 1. Membership Fee may be remitted in the form of DD in favour of AIMLTA, PATNA, Payable at Patna.

2. The Membership Fee can also be paid directly into the Bank Account through Cash/DD/Online Transaction.

3. Photostate copies of AADHAAR Card, Educational & Professional Certificates should be attached with the application form.

4. All correspondence should be made to the address of Head office at Patna only.

5. For NRI Membership, it is necessary to give the Notorized Affidavit given on website.

For Office Use Only

Secretary (State Unit)

Recommendation of the State Executive Committee

President (State Unit)

General Secretary, AIMLTA

Remarks of the Central Committee

President, AIMLTA

ONLY FOR AIMLTA NRI MEMBERS

NOTARIZE AFFIDAVIT

I, (Name of Candidate), S/o Resident of Post
..... PS District do here by solemnly affirm and declare as
follows :

1. that I have submitted my certificates which are true photo copies of original.
2. that if my certificates found forged I will be punished by legal action.
3. that the contents of this affidavit are true and correct to the best of my knowledge and
belief.

Signature of Deponent