



IAOH

**INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH
MEMBERSHIP APPLICATION FORM**

To

The Honorary General Secretary,
Indian Association of Occupational Health

Dear Sir,

I do here by apply to be elected as a life / full / associate / institutional member of the Association

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

The detailed particulars are given below.

Yours faithfully,

Signature-----

Name: -----

Date:

1. NAME:

2. MAILING ADDRESS:

3. DATE OF BIRTH:

4. QUALIFICATION (With names of Universities or:
Licensing bodies and year of acquiring them)

5. REGISTRATION NUMBER:
Source & Date (if any)

6. Are you in service or practice?

7. If in service, please indicate your designation and employer;

8. Specialization if (underline major specialty,
Indicate additional specialty and subject of super specialty)

9. Are you attached to any Hospital, Office, ESIS, Industry, Plantation etc:

10. Areas of Professional interest (see point 10 on the revers4e)

Proposed by -----of -----Branch-----

Seconded by -----of -----Branch-----

- Forwarded to the Hon. General Secretary, IAOH.
- Center's share of membership subscription sent to the Treasure / enclosed herewith.

Date

Secretary

Branch

For Central Office Records

Membership ratified in the -----Central Council Meeting held on -----

----- At -----journal secretary was informed on ----- vide letter
No-

**Signature of
Hon Gen secretary**

MEMBERSHIP NO-----

Date-----

General Information

1. Eligibility for membership: any registered doctor working in industries or such other organizations either full time or part time, or any practicing doctor is eligible as full member. Any, other person or institution interested in occupational health activities is eligible to become associate or institutional member. Associate members are not eligible to hold any office either at the center or branch level.

2. Membership subscription: The rate of membership subscription is as follows:

- | | |
|------------------------------------|----------------------|
| 1) Life member ----- | Rs. 5000/- lump sum |
| 2) Life Associate member ----- | Rs. 4000/- lump sum |
| 3) Institutional member ----- | Rs. 25000/- lump sum |
| 4) Full member - Annual ----- | Rs. 600/- per year |
| 5) Associate member - Annual ----- | Rs. 500/- per year |

3. The association year is from April to March

4. The membership subscription to be paid in the beginning of the year by bank draft or money order.

5. Membership subscription should be sent to the Honorary Treasurer, Indian Association of Occupational Health.

6. Members joining in July and afterwards may pay for the half year. (Not applicable for Life Membership)

7. Application for membership: Application to be made in prescribed form in duplicate 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 General Secretary.

8. After ratification of the membership by the council, a membership number will be allotted to the member and he will receive the publications of the Association.

9. Termination of membership: The membership will terminate as per the provisions contained in Bye-law 8 of the Constitution.

10. The member may indicate his areas of Professional interest under the following board headings:

- a) General Practice
- b) Occupational Medicine
- c) Specialization and super specialization (Please specify)
- d) Industrial Hygiene
- e) Toxicology
- f) Work physiology and Ergonomics
- g) Environmental Engineering
- h) Industrial Safety and Accident Prevention.
- i) Occupational health Nursing
- j) Industrial psychology
- k) Industrial social work and welfare, rehabilitation
- l) Health Education

Please send the completed application form with requisite fee to concerned Branch Secretary.

In case of Direct Central membership, send this to the Hon. General Secretary, IAOH (India). (Central Secretariat: Dr. Sunil G. Kakodkar, AGM – Medical Services, SESA GOA LIMITED, Codli Mines, Kirlapal, Dabhal Goa-403727) with the D/D of Rs. 25000 (Institutional) Rs. 5000 (Full), or Rs. 4000 (Associate) payable at Hyderabad (add Rs. 100 in case of outstation cheque) The Demand Draft /Cheque should be drawn in favour of **“Indian Association of Occupational Health”**.