



The Indian College of Allergy, Asthma and Applied Immunology

(Affiliated to WAO & APAAACI) [Website: www.icaai.net]

Application for Membership

I wish to apply for admission to the Membership of the Indian College of Allergy, Asthma and Applied Immunology. I am an interested worker in the field of allergy/applied immunology and related subjects. My bio-data is given overleaf.

- (a) I have published the following papers in major scientific journals (i.e. journals published by national or international Societies in India and abroad).

- (b) I have presented communications/demonstrations at a Convention of the Indian College of Allergy and Applied Immunology on

Signature of the Applicant

Name
(in capital letters)

Recommendation by the Fellow
.....
.....

Signature of Fellow

Address
.....

Put up before the Council

Decision of the Council

Put up before the General Body:

Decision of the General Body:

Signature of the Secretary

Application should be sent to: Dr. A.B. Singh, Secretary, ICAAI, A-4, Shanti Apartments, Sector-13, Rohini, Delhi-110 085, India along with a **Demand Draft of Rs.10,000/- (Rs. Ten Thousand only)** towards admission fee in favour of **"INDIAN COLLEGE OF ALLERGY & APPLIED IMMUNOLOGY"** payable at Delhi or transfer directly in **College's SBI A/c No.10851399283 (State Bank of India, Delhi University Branch, IFSC: SBIN0001067)**

BIO-DATA

Name in full
(Shri/Smt./Kumar/Dr.) (in capital letters)

Date of Birth **Marital status**

Place of Birth

Educational Qualifications (Degree onwards)

<i>Degree</i>	<i>Year</i>	<i>Awarding Body</i>
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Professional Experience:

- (1) Teaching –
- (2) Clinical –
- (3) Research –
- (4) Present Position –

Main Research Interest:

Publications (Attach separate list, if necessary necessary). Please attach 3 copies of each of your important publications in the field of allergy and applied immunology.

- (a) Allergy & Applied Immunology
- (b) Other disciplines

Membership of other academic: bodies with year of election

Communications & demonstrations: before learned societies

Awards, if any:

I agree that, if elected, I shall abide by the rules and bye-laws of the College and further its objectives.

Place

Date

Signature of Applicant

(in capital letters)

Name

Address.....

E-mail ID:

Phone/Mobile No