## INDIAN ASSOCIATION OF LEPROLOGISTS (IAL)

Secretariat: A-102, A Block, Satya Apartments, Besides Hotel Golconda, Masab Tank, Hyderabad 500004

Email:ialoffice2024@gmail.com, www.ial-leprosy.org

GSTNo: 36AAAAI5610B1ZB

President: Dr Sujai K Suneetha +91-9642890381 drsujai@gmail.com Hon. Secretary: **Dr Santoshdev Rathod** +91-9909027448 santosh\_rathod85@yahoo.com Treasurer: **Dr Rajyalaxmi K** +91-9701543388 dr\_rajyalaxmi@yahoo.com Paste Recent Photo

## **MEMBERSHIP FORM**

NAME												
(IN CAPITAL LETTERS)	SURNAME			FIRST NAME			MIDDLE NAME					
DETAILS	DATE OF BIRTH	Age	M ed 1	Reg No.& State	Speciality of Practice/		Years of experience					
	(DD/MM/YYYY)				Research							
ADDRESS												
ADDRESS												
PHONE												
THORE	CITY CODE + LAND LINE			MOBILE – 1		MOBILE – 2						
Email for												
correspondence												
EDUCATIONAL	NAME OF		NAME OF		UNIVERSITY		YEAR OF PASSING					
QUALIFICATIONS	COURSE		COLLEGE									
SSC												
Degree												
_												
Post-Graduation												
Others / PhD												
Taria in a / Easteria a sin	I											
Train ing / Experience in Leprosy work												
Institutional Affiliation with position												
Area of Work in Sub-speciality of Leprosy												
Type of Membership: Associate Membership / Life Membership / International membership One-time Membership fee: For Indians ₹ 5,900 (₹												
Five thousand Nine hundredonly) Inclusive of Taxes.For international members: USD 236 (Two hundredthirty six USD only) Inclusive of												
Taxes.For Eligibility of Membership Please visit <u>www.ial-leprosy.org</u>												
Please send relevant copies of qualification and experience certificates along with the application.												
Undertaking:												
I do hereby undertake that I shall abide by the Rules and Regulations as laid down in the latest amended constitution of the												
Indian Association of Leprologists (IAL).												
Place:												
Date:Signature of Applicant												
							(Signature)					
Seconded by	(Name)						(Signature)					
Online Transfer ID:	Date:				Fees Structure (Inclusive of Taxes)							
					Types of Life Membership Fees							
Online Transfer Details: NEFT/ RTGS					Life member	_	₹ 5,900/-					
Name of Account: 'INDIAN ASSOCIATION OF LEPROLOGISTS'					Associate mem b	-	₹4,720/-					
					International me		USD236					
Account no: 50100433934011 IFSC / NEFT Code: HDFC0000632,					SAARC country		USD177					
Bank & Branch: HDFC Bank, Alwal Branch, Shop No 12 & 28,					Sca	in to Pay Di	gital Payment					
Satya Complex, Alwal Main Road, Hyderabad - 500010 ·						20072260472						
Branch Code:0632. MICR Code:500240016.					1	使用的利						
Note:						抗骨胳						
Please send the Soft copy of proof of money transfer, along with filled application form, with relevant certificates to the official												
									淡的纳			
								E-Mail : ialoffice2024@	gmail.com			

