

The Indian College of Allergy, Asthma and Applied Immunology (Affiliated to WAO &APAAACI) [Website: www.icaai.nef]

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 biodata 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 alongwith a **Demand Draft** of Rs.6,000/-(Rs. Six 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 t		(in capital letters)	
Date of B	irth	Marital st	atus
Place of E	Birth		
Education	nal Qualifications (Degree onward	ls)	
	Degree	Year	Awarding Body
Professio	nal Experience:		
(1)	Teaching –		
(2)	Clinical –		
(3)	Research –		
(4)	Present Position –		
Main Res	earch Interest:		
necessary}.	DNS (Attach separate list, if necessary Please attach 3 copies of each of nt publications in the field of allergy (b) immunology.		Applied Immunology
	hip of other academic: ith year of election		
	ications & demonstrations: arned societies		
Awards, i	f any:		
l a	agree that, if elected, I shall abide by	the rules and bye-la	aws of the College and further its objectives.
Place			
Date			
	5	Signature of Applicar	nt
		(in capital letters)	Name
			Address
			E-mail ID:
			Phone/Mobile No