



IASSTD & AIDS

INDIAN ASSOCIATION FOR THE STUDY OF SEXUALLY TRANSMITTED DISEASES & AIDS

MEMBERSHIP APPLICATION FORM

(Fill in Capital Letters)

Date: _____

NAME: _____

AGE: _____

QUALIFICATION: _____

ADDRESS: _____

STATE: _____

PINCODE: _____

PHONE (R): _____ PHONE (CI): _____ MOBILE: _____

EMAIL: _____ FAX: _____

NAME OF INTRODUCER: _____

(Signature of introducer)

(Signature of applicant)

Life Membership Fee : 8,000/-

Overseas membership: U.S.\$ 400

- Documents to be enclosed online:
1. Passport size Photo 2. Bio-data / Letter from HOD 3. Copy of UG & / PG Medical Degree Certificate 4. Copy of Medical Council Registration Certificate.
- Payment option- online:
Bank Name : State Bank of India, CIT Nagar Branch, Chennai - 600035
Name of the Account : IASSTD and AIDS
Current A/C Number :10624892135
IFSC Code : SBIN0003307
- Member needs IJSTD soft copy : Yes/ No :

Contact:

**Dr.Mahalingam Periasamy,
Treasurer, IASSTD & AIDS**

**205, 6th street, Thanigachalam Nagar F block,
Ponnammanmedu, Chennai - 600 110. Tamil Nadu
Mobile: 95000 99746 Email: cfet93@gmail.com**

