

Application Form for Membership of Indian Congress of Forensic Medicine & Toxicology

To,
The Secretary,
INDIAN CONGRESS OF FORENSIC MEDICINE AND TOXICOLOGY

Sir,

I wish to apply for Associate Membership of ICFMT.

I hereby undertake to abide by rules and regulations of the Congress. All my details are given below.

Thanking You.

Yours sincerely,

Signature

Name

Date of Birth

Sex Male Female

Educational
Qualification

Present Position

Membership Associate Annual Membership: Rs. 200/- per year
desired

Associate Life Membership: Rs. 2000/- per year

Address for
Correspondence

Telephone
(office)

Telephone
(Residence)

Fax

E-mail
(preferred)

(Please Attach copy of educational qualification along with 2 recent passport sized photographs.)

Recommended by :

1.

2.

(Application has to be recommended by 2 founder members of ICFMT, otherwise it may be rejected.)

Payment details: Payment to be made by Crossed Cheque / Pay Order / DD in favor of "Indian Congress of Forensic Medicine & Toxicology", payable at New Delhi.

1. Cheque / DD Amount
No

2. Dated

3. Drawn on
