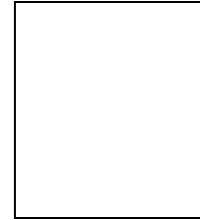




## Application for Membership



Affix Photo  
Application No

(For office use only)

Name:

Date of Birth:

Sex:

Profession:

Official Postal Address:

Telephone No:

Fax No.

Residential Address:

Telephone No:

Fax No.

E mail Id for communication:

Web site:

Membership Category applied for – Tick the appropriate category.

Institutional Member

Overseas Member

Life Member

Details of payment:

<p>Life- Rs.5000/-plus Application Fee: Rs.300/- (one time) Total: Rs.5300/- If Cheque, Rs.100/- to be added</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Institutional – Rs.25, 000/-If Cheque, Rs.100/- to be added.</p> <p>Overseas Institutional Member US\$ 1000/- If transferred through bank then transfer charges to be added</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>Overseas- US\$ 200/- For Life Membership including Application fee. If transferred through bank US\$ 5/-to be added</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>SAARC Countries- US\$ 125, For Life Membership including Application fee</p> <p style="text-align: right;"><input type="checkbox"/></p>

Bank Draft/ Cheque details:

No.

Name of Bank

Branch

Date Draft/ Cheque

Should be sent to the Treasurer, drawn in favour of “Telemedicine Society of India” payable at Madurai.

(Please send the Draft/ Cheque along with C.V., Photograph and completed Application Form to the following address):

Treasurer Dr.Kim, Program Director Aravind Telemedicine Network, Aravind Eye Hospital, Madurai. 1, Anna Nagar, Madurai-625 020, Tamilnadu, India. Ph: +91-452-4356100