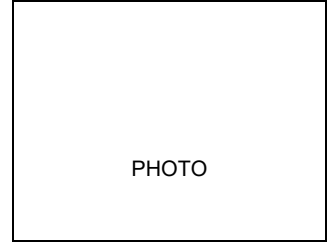




Indian Academy of Forensic Medicine
 Registration 349, 12th May, 1972, Panaji, Goa
 Application for Membership
 (To be submitted in **Triplicate**)

LM/IAFM: _____ / _____ /2022-2025



To,
 The General Secretary,
 Indian Academy of Forensic Medicine.

Dear Sir,

I want to become a Life Member of the Indian Academy of Forensic Medicine. I have gone through the rules and regulations of the Academy and I agree to abide the same. I furnish the necessary particulars. Kindly enroll me as a member and oblige. Proof of Life member fee of Rs.5000/- (Rupees Five Thousand only) vide Transaction ID.....dated.....from.....bank is also enclosed herewith.

Yours faithfully,

Place:.....
 Date:.....

Particulars to be filled up by the Applicant:

Name in block letters	
Date of Birth	
Father's / Husband's name	
Regn. No., Year and name of the council	
Permanent address	
Present address	
Address for correspondence	
Mobile No.:	Phone:
E-mail:	
Educational qualification (with name of the University and date of passing)	
Present position in the profession	

MEMBERSHIP FEES PAID BY CASH / DD / online (Tick one)

Proposed by:
 Address:

Seconded by:
 Address:

 Name and Signature

LM No.

LM No.

FOR USE OF IAFM

Membership accepted / Not accepted:
 Date of verification of payment of fees:

President

Gen. Secretary

Treasurer

Account Details: - IAFM (Indian Academy of Forensic Medicine)
 A/c No 30378764009,
 IFSC Code: SBIN0010140,
 SBI, Gandhi Medical College, Bhopal (Branch Code:10140)