

INTERNATIONAL ORGANIZATION FOR LABORATORIES
MEMBERSHIP APPLICATION FORM

(Please write in Capital or Type)



Select country:

House : Sky House/star house/ Blue house/ Green house Grey house

Position: (Hony. President/ Vice President/Asst Vice president/Convenor/ Technical Director/Asst Technical Director)

1. . Name **Dr/Mr./Mrs./Ms.** :

Family Name

First name

3. Sex : 4. Date of Birth : 5. Nationality :

6. Academic Qualifications with Year : **(attach Photocopies)**

7. Designation :

8. OFFICIAL ADDRESS :

1. Department :

2. Institution :

3. Address :

3. City : 4. Pin Code :

5. State :

6. Telephone (with area code) :

7. Fax (with area code) :

8. E-mail (**CAPITAL**) : 9. Mobile :

9. RESIDENTIAL ADDRESS :

1. Address :

2. City : 3. Pin Code :

4. State :

5. Telephone (with area code) :

6. Fax (with area code) :

7. E-mail (**CAPITAL**) : 8. Mobile :

10. Address for Communication : Official **OR** Residential **(please tick the choice)**

11. Professional Experience (briefly) on separate page : Teaching/Research/Diagnostic :.....Years

12. Field of expertise/ Areas of Interest : **(1)** **(2)**

13. Publications, if any : **Attach a list giving details of publications.**

14. Membership of other professional bodies, if any :

15. Any other relevant information (brief) : **(on separate page)**

