

1. CATEGORY OF MEMBERSHIP APPLIED (TICK THE CHOICE):		PLEASE SELECT THE TYPE	
		GENERAL	EXECUTIVE
2. NAME DR/MR./MRS./MS.		FIRST NAME:	
Surname			
3. SEX:		4. NATIONALITY	
5. DATE OF BIRTH			
6. ACADEMIC QUALIFICATIONS WITH YEAR : (PLEASE ATTACH PHOTOCOPIES)			

DRAG
YOUR
PHOTO

8. OFFICIAL ADDRESS :		
INSTITUTION :		
ADDRESS :		
DEPARTMENT :		
3. CITY :	4. ZIP CODE :	5. STATE :
6. TELEPHONE (WITH AREA CODE) :		7. FAX (WITH AREA CODE) :
8. E-MAIL (CAPITAL) :		
9. MOBILE NO.		

9. RESIDENTIAL ADDRESS :		
ADDRESS :		
3. CITY :	4. ZIP CODE :	5. STATE :
6. TELEPHONE (WITH AREA CODE) :		7. FAX (WITH AREA CODE) :
8. E-MAIL (CAPITAL) :		
9. MOBILE NO.		

10. Address for Communication (please tick the choice)		Official	Residential
11. Professional Experience (briefly) on separate page		Teaching/Research/Diagnostic (in 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)			
Amount: Rs.		Branch:	
16. D.D. No.	Date	Bank	
(Enclose the crossed D.D. for an appropriate amount drawn in favour of "International organization for laboratories" payable at Kolkata)			

Contact us

Office: 63/21 Nabalia Para Road, Kolkata 700008, India
Phone: +91-33-24944276/+913324944365 E-mail: iol.response@gmail.com
Chairman contact: +919830051583 and +919748838269

Undertaking by the Applicant

I have gone through the bylaws of the International organization for laboratories (IOL). If admitted as a member, I shall abide by the rules and regulations of the association.

Signature of the Applicant

Date

Place

Recommendation by a member of IOL

I have verified the information given in this application that is true to the best of my knowledge. He/ She fulfils eligibility requirement for becoming a member of IOL. I recommend that _____
_____ be accorded the membership of the IOL.

Name & Signature of the Member.

IOL Membership No.:

Date:

Place:

-Disclaimer-

I have no objection / I object* if my address and full details are put on the IOL website at
www.iofl.net

Signature of Applicant

Date

* strike out whichever is not applicable