

CORPORATE MEMBERSHIP APPLICATION FORM

NAME OF THE COMPANY:	
OFFICIAL ADDRESS :	
ADDRESS:	
CITY :	4. PIN CODE :
STATE :	
TELEPHONE (WITH AREA CODE) :	
FAX (WITH AREA CODE) :	
E-MAIL :	

NAME & ADDRESS OF CONTACT PERSON (REPRESENTATION TO IOL) :	
ADDRESS :	
2. CITY :	3. PIN CODE :
4. STATE :	
5. TELEPHONE (WITH AREA CODE) :	
6. FAX (WITH AREA CODE) :	
7. E-MAIL :	

4. Products of the company:

5. In what way company can collaborate with IOL for the cause of objectives (Brief)

6. Recommendation from a member of IOL

I know the company ".....for the lastyears. The company has good reputation amongst clinical biochemists. I have verified the statement made in this application and found them true to the best of my knowledge. I recommend that this company be registered as a Corporate Member of IOL.

Date:

Signature _____

Name of the Member _____

Membership number _____

Demand draft of Rs	Name of Bank	
Branch	bearing No.	Dated

Undertaking by the Applicant

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

Date

Signature of the head/ Sr. Executive of the company
(Company seal)



International
Organization
For Laboratories