



General Information

1. Eligibility for Membership:

Any person possessing medical qualifications as defined in the Medical Degrees Act, 1916 (Act VII of 1916) and duly registered under the Indian Medical Council Act, as amended from time to time in any of the State Medical Councils in India shall be eligible for Membership.

Persons associated with industries and allied organizations and / or interested in scientific pursuit of matters related to Occupational Health and Safety and whose qualifications are deemed satisfactory by the Council are eligible for election as Associate members. Associate Members are not eligible to hold any office either at the central or branch level.

2. Membership Subscription:

Branch members shall pay their subscription to their branch.

Direct members shall pay their subscription directly to the Hon. Treasurer of the Association.

- 1) Life member ----- ` 5000/- lump sum
- 2) Life Associate member ----- ` 4000/- lump sum
- 3) Institutional member ----- ` 25000/- lump sum
- 4) Full member - Annual ----- ` 600/- per year
- 5) Associate member - Annual ----- ` 500/- per year

Branches will have the liberty to charge a higher rate of subscription from their members.

3. The association year is from April to March.
4. The membership subscription to be paid in the beginning of the year.
5. Members joining in July and afterwards may pay for the half year (Not applicable for Life Membership).
6. Application for Membership: Application to be made in prescribed form in duplicate through any branch of IAOH. If a local or state branch does not exist in an area, the candidate may apply as a Direct member to the General Secretary.
7. Candidate will fill up necessary details on the association website (www.iaohindia.com) by selecting the option of New Member on homepage.
8. After ratification of the membership by the council, a membership number will be allotted to the member and he will receive publications of the association.
9. Termination of membership: The membership will terminate as per the provision contained in Bye-Law 8 of the constitution.
10. Please send the completed application form with requisite fees to the concerned branch secretary.
11. In case of Direct Central Membership, send this form with Demand Draft or cheque (add ` 100 for outstation cheque) in favour of "Indian Association of Occupational Health" payable at Hyderabad to:

Hon. Gen. Secretary

Dr. J. Vijay Rao

Chief Medical Superintendent

Nuclear Fuel Complex, Department of Atomic energy

Plot no.1, Sri Chandra homes, teacher's colony,

High tension lane, Chakripuram, ECIL POST

Hyderabad -50006

Tel: 040-27184095040- 27184095

Mobile:+919849256689

Email: drvijayrao5389 @yahoo.co.in



MEMBERSHIP APPLICATION FORM

Membership Category:	Life	Full	Associate	Institutional
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To
 The Honorary General Secretary,
 Indian Association of Occupational Health.

Dear Sir,

I do hereby apply to be elected as a life / full / associate/ institutional member of the Association. I have read the rules and regulations of the Association and if elected, agree to abide by them.

The detail particulars are given below.

Date-

Yours faithfully,

Signature

Name:

1. NAME (Full Name in Capital Letter, Surname first): _____

2. MAILING ADDRESS: _____

Phone No: (Mobile) _____ (o) _____ (R) _____

Email Address: _____ @ _____

3. DATE OF BIRTH:(dd/mm/yyyy): _____

4. QUALIFICATION (With names of Universities or Licensing bodies and year of acquiring them): _____

5. REGISTRATION NUMBER; Source and Date (if any): _____

6. Are you in service or Practice?: _____

7. If in service, please indicate your designation and employer: _____



8. Specialisation if any, (Underline major speciality; indicate additional speciality and subject of superspeciality):

9. Are you attached to any Hospital, Office, ESIS, Industry, Plantation Etc:

10. Areas of professional interest:

Proposed by _____ of _____ Branch _____
Seconded by _____ of _____ Branch _____

- Forwarded to the Hony. General Secretary, IAOH.
- Centre's Share of Membership Subscription sent to the Treasure/ enclosed herewith.

Secretary

Date Branch

For Central Office Records

Membership ratified in theCentral Council Meeting held on at Journal Secretary was informed on vide Letter No.....

Signature of Hon. Gen. Secretary.

MEMBERSHIP No.

Date.....