

Application for the Membership of International Association of Medical and Biomedical Researchers

Website: <http://www.iambr.info>



I wish to be the *Life member / Annual member* of International Association of Medical and Biomedical Researchers. I am submitting herewith the required information and the dues as below:

Particulars	Dues	
	Members from Mauritius	Members from abroad
Entrance fee (Must be paid by all types of members)	Rs 250	25\$
Choose any one of the following (✓):		
<input type="checkbox"/> Life member <input type="checkbox"/> Member (Annual) <input type="checkbox"/> Student member (Annual) <i>Note: Life members must have a master degree or PhD in medical and allied sciences.</i>		
Total		

Affix your latest passport size color photograph

Cheque/Bank draft No.:

Dated:

Drawn on:

Bank:

Signature

Applicant's Details:

Name: Last name First name Middle name
Dr./Mr./Ms

Date of Birth: **Gender:** **Citizenship:**

Profession: **Designation:** **Educational Qualifications:**

Address

❖ **Office:**

❖ **Residence:**

Phone number (with country code)

Office:

Residence:

Mobile:

Fax:

Email:

Note

- ❖ Payment should be made by cheque or bank draft in favour of **International Association of Medical and Biomedical Researchers**.
- ❖ Enclose your short CV (not more than four pages), one passport size photograph and a photocopy of your photo ID card or passport.
- ❖ Student Member – Submit a photocopy of **Student Identification Card**.

Declaration

Submitting this form means that you guarantee the information you have given is truthful, complete and correct. The furnishing of any false or misleading information on this form may result in criminal sanctions and/or civil sanctions.

Date and Signature

Please send your application form along with cheque or bank draft to the Secretary of the association by post
(**Dr. Arun Kumar Agnihotri, 4 Malherbes Street, Curepipe, Mauritius**)