

**INDIAN SOCIETY OF AEROSPACE MEDICINE
APPLICATION FOR LIFE MEMBERSHIP**

For Official Use
Date Received.....
Membership No.....
Acknowledged.....

Name :.....
(in block letters)

Qualification :.....
(Attach photocopy of proof)

Particulars of Research.....
(Attach copies of Papers Published if any)

Address for correspondence
Office/ Temporary :
.....
.....
.....
.....

Tele:.....

Fax:.....

Permanent Address :
.....
.....
.....
.....

Tele :.....

Mobile :.....

Email:.....

I wish to become a life member of the Indian Society of Aerospace Medicine. I undertake to abide by the Rules and Regulations of the Society.

Date :

Place:

Signature of Applicant

Note : Please attach two stamp size photographs, DD/ crossed payable at par cheque for an amount of Rs.10,000/- drawn in favour of " Indian Society of Aerospace Medicine" payable at New Delhi along with the application.

Indian Journal of Aerospace Medicine

The Journal "Indian Journal of Aerospace Medicine" is published biannually by the Society and is circulated free of cost to all members.

ISAM's Mailing Address

The Secretary
Indian Society of Aerospace Medicine
Dte General of Medical Services (Air)
Room No.142, Wing-7, First Floor
Air Headquarters
West Block – VI,
RK Puram, New Delhi – 110 066

Tele Fax : 011-26190645
Email : dmsavmed@gmail.com
Website :www.isam.in

Please do inform the Society Office regarding change in Address/ contact details

Decision of the Executive Committee

Approved/ Not Approved

Date :

Place :

Secretary
ISAM