



Nuclear Medicine Physicists Association of India
“Triumph of Technology”

MEMBERSHIP APPLICATION FORM

1. Name (in capital, surname first):

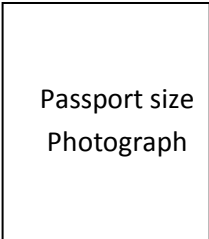
2. Father’s Name:

3. Date of Birth:

4. Gender:

5. Citizenship:

6. Field of Specialization:



7. Office Details		Residence Details	
Office Address (In detail)		Residence Address	
Email Address		Email Address	
Phone/Fax		Phone/Fax	

8. Preferred Mailing Address: Office/ Residence/ Any other (give details):

9. Basic Educational Details				
Course Name	Year of Passing	Institution Name	Board/University	Subjects

10. Professional Educational Details				
Course Name	Year of Passing	Institution Name	Board/University	Subjects

11. Internship/Work Experience				
Category	Role	Institution/Company/Hospital Name	Start Date	End Date

12. Award /Honors/ Fellowships(If any):

13. Specialized Training/Certificate/Licenses:

14. Payment Amount.....DD/ITR
Number.....Bank.....Payment date.....

Declaration:

All the above informations are correct with best of my knowledge and belief. In future if I found concealing any informations at any stage, my membership shall be forfeited. I will abide by professional ethics and discipline as per NMPAI rules and regulations.

Date:

Applicant Signature

Place:

List of enclosed documents: Fee receipt (Y/N) Pass certificate (Y/N) RSO Certificate (Optional) (Y/N)

Introduced by	
Name and signature of NMPAI life member	Life membership number

For Office Use Only:

	Remarks
Membership Application (Accepted/ Rejected)	
Money Receipt issued	

Details for the payment

Membership fee: Rs 500 /- (Five hundred only)

Payment Mode: By cheq, DD, Net banking and Cash

Account Name; M/s NUCLEAR MEDICINE PHYSICISTS ASSOCIATION:

Account Number (039201002085) IFSC Code: ICIC0000392

PAYABLE AT ICICI BANK, KOLKATA BRANCH

Complete Address of Bank: 3-C, National Library Avenue, Near Kothari Hospital, Alipore, Kolkata.

Contact Email : (nmpai_2005@rediffmail.com)