



**Indian Society for Malaria and Other
Communicable Diseases**

22-Sham Nath Marg, Delhi-11 0054

MEMBERSHIP FORM

**The Secretary,
Indian Society for Malaria and Other Communicable Disease,
22-Sham Nath Marg, Delhi-11 0054
e-mail: ismocd_jcd@yahoo.co.in**

Dear Sir,

Please enrol me as Life Member of the Indian Society for Malaria and Other Communicable Disease. I hereby agree to abide the rules and regulations of the society.

I remit Rs..... by Cheque I Bank Draft I Cash as my life membership fee.

Yours truly,

Signature

Place

Date

Name in the Block Letters.....

Profession.....

Designation.....

Address with Phone, Fax, E-mail

.....

.....

Address to which Journal should be sent.....

.....

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Permanent Address with Phone, Fax, E-mail.....

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The undersigned members of the Indian Society for Malaria and Other Communicable Diseases, support this application for admission to membership of the said Society as the applicant has shown scientific/practical interest in Malaria and Other Communicable Diseases and their prevention.

1.

2.

The rates for membership/ subscription fees are indicted overleaf

RATES FOR MEMBERSHIP / SUBSCRIPTION * FEES

1. Life Member (India) Rs.2500/-

2. Life Member (Abroad)

Supported through grant \$500/-

Self \$250/-

3.SAARC country \$100

4. Subscription for the journal

Annual (India) Rs.1000/-

Single copy Rs.250/-

Annual (Abroad) \$60/-

Single copy \$15/-

Air surcharge \$8/- extra in case delivery of the journal is desired by Air Mail.

NOTE

(a) Cheque, Bank Draft, sent toward subscription/membership fees should be payable to the "Indian Society for Malaria and other Communicable Diseases", 22-Shamnath marg, Delhi 110054

(b) In case of outstation Cheque please add Rs.50/- as Bank commission

* Request for subscription for J Com. Diseases by Institutions/Libraries, Colleges etc can be made on plain paper alongwith the required amount of subscription.



**Indian Society for Malaria and Other Communicable Diseases
22-Sham Nath Marg, Delhi-11 0054**

BIODATA FORM TO BE FILLED IN BY LIFE MEMBERS

1. Name in full:
(Block letters)

2. Place and Date of birth

3. Designation/Occupation

4. Address
.....
.....
.....

5. Nationality:..

6. Academic qualifications:

Degree/Certificate

University/Institute

Year

7. Position held (Start with the recent post)

P.T.O

8. Experience

(a) Research:

(b) Training

(c) Control

9. Recognition/Achievements/Fellowships/Memberships:

10. Publication: (List out beginning with the most recent one)
List all authors, titles and where published

11. Three best scientific papers (Please send three reprints each)

I certify that the above information is correct

Signature of Applicant

Place:

Date:

ISMOCD Directory Proforma

To be filled by members of “Indian Society for Malaria and Other Communicable Diseases”. The following information are required for publication / updating of ISMOCD Directory.

1. Full name (*surname first, in capital letters*):
2. Present position/designation held:
3. Date of birth: _____ day of _____ month _____
4. Educational qualification:
5. Date of enrolment in ISMOCD: _____ day of / _____ month / _____.
6. Life membership No./receipt no. _____
7. Whether life membership certified issued: Yes/ No
8. Whether Fellowship of the Society awarded: Yes/ No
9. (If yes, please mention year of fellowship) _____
10. Membership to other professional bodies (*If yes, please mention details*)
 - (a)
 - (b)
 - (c)
 - (d)
11. Award(s) received (National / International)
 - (i)
 - (ii)
 - (iii)
12. Present address
(*Including PIN code & Telephone No. e-mail. Use capital letters*)
13. Permanent address
(*Including PIN code & Telephone No. e-mail. Use capital letters*)

If you know any member of the Society, whose name is not in our mailing list, please inform the details. This proforma can be photocopied