

Medical Education Details:

Qualification	Name of the College / University	Qualifying Year
MBBS		
MD / DNB		
DTCD		
DM		
Others (specify)		

Experience in Chest specially:

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Affiliation to other scientific bodies:

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Present appointment and to office address:

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Research presentations, publications and other relevant information as on the date of application: (provide details in a separate along with supportive documents):

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Terms of agreement for membership registration

By filling up and signing this application form, the applicant acknowledges that, when accepted by the Coimbatore Respiratory Society for membership, this application will represent the binding terms between the society and the member and commit him/her to:

1. Payment of annual membership dues and fees as specified in this application form, and
2. Comply with all the rules and regulations of "Coimbatore Respiratory Society".

The applicant hereby acknowledges that he/she has reviewed the bylaws of Coimbatore Respiratory Society and such existing or future rules and policies as the managing committee and / or committees may adopt, from time to time.

I agree to and accept the bylaws of Coimbatore Respiratory Society.

Signature of the applicant:

Date:

Name of the applicant

Place:

Proposed and seconded by any two existing members of Coimbatore Respiratory Society:

Name of the member	Membership No.	Signature
1.		
2.		

Please fill the following details of payment of membership fee:

Cheque / Demand draft No:..... Dated:.....

Bank of issue:..... Payable at.....

Registration fee for:

LIFE MEMBERSHIP (onetime payment of INR 10,000/- (Rupees ten thousand only))

ASSOCIATE MEMBERSHIP (Annual payment of INR 1,000/- (Rupees one thousand only))

Signature of the applicant:

Date:

For office use only:

Membership No: -

Date:

Remark by the credential committee:

Signature of the President,

Signature of the Secretary,

Coimbatore Respiratory Society.

Coimbatore Respiratory Society.

Eligibility for Life membership:

- Post graduate degree / Diploma or Post doctorate degree holder from a recognized university.
And
- Practicing in the field of Respiratory Medicine.
(Or)
- Teaching / Research in the field for advancement of Respiratory Medicine.

Eligibility for Associate membership:

- Graduate / Post graduate registered Medical Practitioner in the field of Medical Sciences ancillary to Respiratory Medicine.
- Graduate / Post graduate degree / Diploma holders in Allied Health Sciences ancillary to Respiratory Medicine.

Checklist of the Documents to be attached with the application form

Life Member	Associate Member
<ul style="list-style-type: none">• Membership application form completed in all respects duly signed.• Brief Profile• Proof of identity• Residential Proof• Copy of CRS members code of conduct duly signed• One time entrance fee (as applicable)• Annual Membership Subscription (as applicable)• Medical Registration Certificate copy• Degree Certificate copy• Post Graduate Certificate copy (self attached)	<ul style="list-style-type: none">• Membership application form completed in all respects duly signed.• Brief Profile• Proof of identity• Residential Proof• Copy of CRS members code of conduct duly signed• One time entrance fee (as applicable)• Annual Membership Subscription (as applicable)• Medical Registration Certificate copy• Degree Certificate copy• Post Graduate Certificate copy (self attached)