INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH

Website: www.iaohindia.com

General Information

1. Eligibility for Membership:

Any person possessing medical qualifications as defined in the Medical Degrees Act, 1916 (Act VII of 1916) and duly registered under the Indian Medical Council Act, as amended from time to time in any of the State Medical Councils in India shall be eligible for Membership.

Persons associated with industries and allied organizations and / or interested in scientific pursuit of matters related to Occupational Health and Safety and whose qualifications are deemed satisfactory by the Council are eligible for election as *Associate members*. Associate Members are not eligible to hold any office either at the central or branch level.

2. Membership Subscription:

Branch members shall pay their subscription to their branch.
Direct members shall pay their subscription directly to the Hon. Finance Secretary of the Association.

Life Member	INR 7000 + applicable tax
Life Associate Member	INR 6000 + applicable tax
Institutional Member	INR 25000 + applicable tax
Life Member (Student**)	INR 4900 + applicable tax
Life Associate Member (Student**)	INR 4200 + applicable tax

** A 30% discount is offered for Life / Associate Life Members for graduate / post graduate students fulfilling the eligibility criteria's as under:

- Below 35 years of age and
- Within 1 year of completing a course related to Occupational Health / Occupational Hygiene & allied post graduate courses – with submission of a course completion or bonafide certificate.

Branches will have the liberty to charge a higher rate of subscription from their members.

3. Application for Membership: Application to be made in prescribed form through any branch of IAOH. If a local or state branch does not exist in an area, the candidate may apply as a **Direct member** to the Hon. General Secretary.

4. Candidate will fill up necessary details on the association website (www.iaohindia.com) by selecting the option of *"New Member"* on homepage.
5. After ratification of the membership by the council, a membership number will be allotted to the member, and they will receive online communications & publications of the association.
6. Termination of membership: The membership will terminate as per the provision contained in Bye-Law 8 of the constitution.
7. Please send the completed application form with requisite fees to the concerned branch secretary.
8. In case of **Membership**, send this form with crossed cheque including amount mentioned in category above – favouring "**Indian Association of Occupational Health – Tamil Nadu Branch** " to:

Association Secretariat, A-4, Shanthi Apartments, No.18, TTK 1st Cross Street, Alwarpet,

Chennai - 600 018, secretary.iaohtn@gmail.com

MEMBERSHIP APPLICATION FORM

INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH

Website: www.iaohindia.com

Membership Category:

Life	Associate	Institutional

To,
The Honorary General Secretary,
Indian Association of Occupational Health
iaohsecretariat@gmail.com

Dear Sir,

I do hereby apply to be elected as a Life / Associate / Institutional member of the Association.

I have read the rules and regulations of the Association and if elected, agree to abide by them.

I have filled up necessary details on the association website (www.iaohindia.com) on date..... by selecting the option of “New Member” on homepage.

Details of fees payable DD / at par cheque / NEFT / Online transaction: .....

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My particular details are given below.

Yours sincerely,
Signature

Date: Name:

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1. NAME (Full Name in Capital Letter, Surname first):
2. MAILING ADDRESS:
3. Phone No: (Mobile)..... (O).....(R).....
4. Personal Email Address: .....
5. Official Email Address: .....
6. DATE OF BIRTH (dd/mm/yyyy): .....
7. QUALIFICATION (With names of Universities or Licensing bodies & year of acquiring them):
8. REGISTRATION NUMBER (with details of State Medical Council and Date):
9. Are you in Service or Practice (please specify):
10. If in service, please indicate your designation and employer:

11. Specialisation - if any (Underline major speciality; indicate additional speciality and subject of super speciality):

12. Are you attached to any Hospital, Office, ESIS, Industry, Plantation, NGO etc.:

13. Areas of professional interest:

Proposed by..... Of .....Branch

E-mail i.d. of Proposer:

Seconded by..... Of .....Branch

E-mail i.d. of Proposer:

For Branch Office Records

- Forwarded to the Honorary General Secretary, IAOH
- Centre's Share of Membership Subscription sent to the Finance Secretary / enclosed herewith

Name & Signature of Hon. Secretary:

Branch: Date:

For Central Office Records

Membership ratified in the ……Central Council Meeting held on …… at ……..

Journal & Web Secretary were informed on …… vide Email / Letter No.....……..

Name & Signature of Hon. Gen. Secretary:

MEMBERSHIP No. Date: