

Membership Application Form for the
ASSOCIATION OF ANATOMISTS
TAMILNADU
Reg. No. 144/1988



I wish to become a Life member/Annual Member of the Association of the Anatomists, Tamilnadu. Herewith I am submitting my application for membership.

Name :

Date & place of birth :

Positions held :

Office address with phone number & email address :

(All communications will be send to the office address)

Permanent /Residence address with phone number & email address :

Educational qualification :

Field of interest :

Three recent publications in last 5 years (also papers in press):
1.
2.
3.

Supporting Members

Nominated by (Name & Signature) :

Secoded by (Name & Signature) :

I will abide by the By-law & regulations of the Association.

I am enclosing DD/Cheque in favor of "**Treasurer, Association of Anatomists-Tamil nadu**" payable at "Chennai"

Name of the Bank No :.....Date :.....

Date:

Signature:

For office use only: Application was placed before the EC and ratified:

General Secretary

The application for membership must be supported by two members. The application must be accompanied by Demand Draft / Cash/Cheque (Rs. 3000 for Life membership or Rs. 300 for Annual membership). Please send the form to Dr..S.Prakash, Treasurer, Assoc. of Anatomists-TN, Dept. of Anatomy, University of Madras, Taramani, Chennai 600113(email:seppanprakash@yahoo.com). The Executive Committee decides on the application.