



CLINICAL INFECTIOUS DISEASE SOCIETY

84, Meher Arcade Complex 1st Floor, Ida Scudder Road, Vellore 632004
Tamil Nadu, India. www.cidsindia.org

Membership Application Form

NAME:

ADDRESS:

.....

City Pin State

Telephone:.....Mobile:..... Email:.....

GENDER: Male / Female

EDUCATION:

Year Awarded Med College/Hospital University

- 1) MBBS:
- 2) MD / Residency *:
- 3) ID Training:
- 4) Other:

*Please circle the appropriate: Internal Medicine / Microbiology / Tropical Medicine / Pharmacology

MEDICAL LICENSURE:

State:Registration No:

CURRENT APPOINTMENTS:

1) Hospital: Position: Date:.....

2) Academic Appointments

Institution: Position: Date:

3) Infectious Disease Activities (please mark): Full-Time Part-Time 50% - 70%
Part-Time >70% Part-Time <50%

RESEARCH & PUBLICATIONS

Attach copy of CV including publications

PAYMENT INFORMATION

Annual Membership Fee: Rs. 1000/; Life Membership Fee: Rs.10,000/ (to be submitted with application)

Please enclose a **demand draft /cheque** in favor of ‘Clinical Infectious Disease Society’ payable at Vellore.

Bank: DD. No.: Date:

OR

Wire transfer to the following account;

Name: Clinical Infectious Disease Society A/C No. 31699921163

Bank: State Bank of India, Vellore Town – 1618 IFSC Code: SBIN 0001618

Please enter wire transfer number:.....

Documents to be Attached:

- 1) CV
- 2) Copy of Postgraduate Degrees
- 3) Demand Draft / cheque

Signature of Applicant

Date: