



# CLINICAL INFECTIOUS DISEASE SOCIETY

84, Meher Arcade Complex 1<sup>st</sup> Floor, Ida Scudder Road, Vellore 632004  
Tamil Nadu, India. [www.cidsindia.org](http://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. 2360/; Life Membership Fee: Rs.17,700/ (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:**