

Receipt No.(office use).....

Registration No. (office use).....

**ASSOCIATION OF MEDICAL BIOCHEMISTS OF INDIA (AMBI) (Regd.) BANGALORE**  
**APPLICATION FORM – LIFE MEMBERSHIP**

Name (block letters) Dr \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Designation \_\_\_\_\_

Institute \_\_\_\_\_

Permanent Address \_\_\_\_\_

State \_\_\_\_\_ PIN \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

State \_\_\_\_\_ PIN \_\_\_\_\_

Registration No MBBS: \_\_\_\_\_ MD Biochemistry \_\_\_\_\_

Tel.No: Resi: \_\_\_\_\_ Mobile \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Recent passport size color  
photo

Please paste it.

Don't staple

Subscription Life member: ₹ 2,500.00 + ₹ 100.00 (Courier charges). Total: ₹ 2600.00

Money Transfer Details:

**For Online transfer:**Name of Account: AMBICON 2010  
A/C NO. 110510100031502 IFS CODE: ANDB 000 1105**CBS/At Par cheques / Demand Drafts (DD)** the name of "AMBICON 2010" payable at Hyderabad

Mode of money transaction done	Online transfer receipt no./ DD No.	Drawn on bank	Dated
ONLINE			
DD			
CASH			

**Undertaking by the Applicant**

I will abide by the rules and regulations of Association of Medical Biochemists of India.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Recommendation by a member of AMBI**

I have verified the information given in this application that are true to the best of my knowledge. He/She fulfils eligibility requirement for becoming a member of AMBI. I recommend that he/she be accorded the membership.

Name &amp; Signature of the Member \_\_\_\_\_

Date : \_\_\_\_\_

AMBI Membership No.: \_\_\_\_\_

Place: \_\_\_\_\_

The completed application along with ONLINE fee transfer receipt or draft/cheque should be sent preferably by registered post to Dr.Shanthi Naidu, General Secretary AMBI, Dept. of Laboratory Medicine. CARE Hospital, Banjara Hills, Hyderabad 500034  
 Phone no. 040- 30418276/272/270, Mobile No 08790074900. Membership certificate will be sent by post to the permanent address.