

ASSOCIATION OF MEDICAL BIOCHEMISTS OF INDIA

(Regd Bangalore)

APPLICATION FORM FOR ORGANISING STATE CHAPTER CME/CONFERENCE/WORKSHOP UNDER THE AEGIS OF AMBI

DETAILS OF ORGANISING STATE CHAPTER

Name of State Chapter: _____

Name of AMBI State Representative: _____ AMBI Number: _____

Contact Number _____ Email ID: _____

Name of Organizing Secretary: _____ AMBI Number: _____

Contact Number _____ Email ID: _____

Address: _____

DETAILS OF THE EVENT FOR AMBI AEGIS

Name of the Event: _____

Date: _____ Venue: _____

Specific Goals: _____

Number of Expected participants: _____

APPLICATION

I hereby apply for the AMBI aegis for this event.

According to the AMBI guidelines and procedures for aegis, upon receiving approval for AMBI aegis, I agree to:

1. Include the AMBI logo on all relevant print material and electronic media.
2. Maintain standard of the scientific and educational content of the event.
3. Notify the AMBI of the scientific programme.
4. Invite ONE member of the National AMBI Executive Body to the academic event.
5. Submit the following to the Hon Secretary AMBI within one month after the event:
 - a. Monetary contributions to the AMBI.
 - b. Audit report if AMBI PAN/TAN number has been used.
 - c. Brief report of the proceedings of the event.

Signature of the Organizing Secretary

Signature of the State Representative

Date:

Date: