



# INDIAN RHEUMATOLOGY ASSOCIATION

## ( MEMBERSHIP FORM )

**Please type or fill in BLOCK LETTERS**

Title (  Dr.     Prof.  Mrs. )

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address (please provide other details like office address, designation to the current post and age)

Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_

Other Details (please provide other details like Office Address, designation to the current post and age)

Designation \_\_\_\_\_ Age: \_\_\_\_\_

Office Address \_\_\_\_\_  
\_\_\_\_\_

Contact Nos (including dialing codes)

Res. Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Statement regarding suitability of the candidate for IRA membership by the proposer  
(the applicant's membership should be proposed by a Life member of IRA)

Name of Proposer \_\_\_\_\_ Member-ship No. \_\_\_\_\_ Signature of the Proposer \_\_\_\_\_

Address of the Proposer \_\_\_\_\_  
\_\_\_\_\_

### DECLARATION

"I understand that my membership is liable to be cancelled in case I do not pay my annual renewal fee for three consecutive years. I agree to abide by the rules and regulations of the Indian Rheumatology Association, as laid down in the current Memorandum of Association and as may be applicable in the future. I will endeavor to further the cause of Rheumatology in India to the best of my ability"

**DATE AND PLACE**

**APPLICANT'S SIGNATURE**

**REMITTANCE DETAILS**(please enclose with the application form, a demand draft in favor of:  
"INDIAN RHEUMATOLOGY ASSOCIATION" payable at NEW DELHI, INDIA

DD Number \_\_\_\_\_ Dated \_\_\_\_\_

Bank Details/  
Address \_\_\_\_\_

***Please send the completed application form with all enclosures to:***

**Dr. Rajiva Gupta**

Director, Rheumatology & Clinical Immunology

Medanta-The Medicity, Sector-38,

Gurgaon-122001, Haryana, INDIA

Email: secretary.ira@gmail.com

**IMPORTANT INFORMATION:**

1. Fee can only be paid by **DEMAND DRAFT** in favor of "**INDIAN RHEUMATOLOGY ASSOCIATION**" payable at **NEW DELHI, India.** (CASH or CHEQUE are not accepted).
  - a. Life Members: Rs. 10,000.00 (Rupees Ten Thousand Only)
  - b. Life Overseas Members: £300.00 (UK Pounds Three Hundred Only)
2. **Documents to be attached**
  - a. Photocopy of Postgraduate degree
  - b. Recent Passport Size Photograph
  - c. CV in the format given below
  - d. Certificate of attendance of CME/Conference
  - e. Demand Draft Payable at NEW DELHI, INDIA.
3. **Membership should be proposed by an active life member of IRA of 5 years duration.**
4. **Incorrect/Incomplete forms shall delay processing.**
5. **Membership Criteria (Eligibility)**
  - a. Members of the Medical Profession holding a post-graduate medical qualification in Medicine or Pediatrics will be eligible for enrolment as Life Members of the Association.
  - b. The person should have completed 2 years fellowship (structured) or DM/DNB in Rheumatology or Clinical Immunology
  - c. The person should have attended at least 2 CMEs/Conferences related to Rheumatology (if not enrolled for DM/DNB)
  - d. Intending members have to subscribe in writing to the objectives of the Association and submit an Application for Membership duly proposed by an existing Senior Member of IRA. Proposing members should be of good standing and member of IRA for at least 5 years.
6. **Candidate will be notified/informed after approval from Membership Committee. Membership Committee meets 3 times in a year during Executive Committee meeting.**
7. **If your application is unsuccessful, membership fee will be returned after deducting Rs. 500/- as administrative charges.**

**CVforLIFE MEMBERSHIPof IRA**

Name:

Age/ Gender:

**Professional Qualifications:**

<b>Degree</b>	<b>College / University</b>

**Appointments held:**

<b>Designation</b>	<b>College/Hospital</b>
	<b>Job Description</b>

**DetailsofRheumatologyCME/Conferences attended (:**

- 1.
- 2.

**Writefivelinesonwhy youwant to join IRAincluding contributionto Rheumatology (ifany)**

**Publications/Awards**