



INDIAN RHEUMATOLOGY ASSOCIATION

(MEMBERSHIP FORM)

Please affix your
recent passport
size photograph

Please type **BLOCK LETTERS**

Title (Dr/ Professor)

Surname _____ First Name _____

Complete Residential Postal Address

City _____ Pin _____ State _____

Designation _____ Date of Birth ____/____/____

Office Address _____

Mobile Phone _____ Work Phone _____

Email _____

How would you like to receive the *Indian Journal of Rheumatology*? Online/hard copy (**tick one**)

Consent from the proposer regarding suitability of the candidate for IRA membership

Name of the
proposer _____

Life membership no _____ Member since (year) _____

Address of the Proposer _____

Signature of the proposer _____

(Note: Membership should be proposed by an active life member of IRA of 5 years duration)

Declaration by the candidate

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. I understand that my application will be reviewed by the IRA and mere submission of application and the fee does not confirm my membership.

DATE & PLACE

APPLICANT'S SIGNATURE

CV Template for LIFE MEMBERSHIP of IRA

Name:

Date of Birth / Gender:

Professional Qualifications (Please attach scanned copies)

Qualifications	Years	University
MD (Medicine or Pediatrics) or Equivalent (CMT-UK, Fellowship in Internal Medicine-USA)		
DM/DNB-Rheumatology & Clinical Immunology/ DM/DNB- Pediatric Rheumatology & Clinical Immunology		
CCT –Rheumatology/ Pediatric Rheumatology American Board-Rheumatology/ Pediatric Rheumatology		

Appointments held

Designation	College/Hospital
	Job Description

Rheumatology Experience (proof of TWO YEARS rheumatology experience must be attached)

Designation	College/Hospital
Job Description	Attach Proof of Experience

Publications/Awards in Rheumatology & Clinical Immunology

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For office use only

Membership: Approved/ Rejected

Reason(s) if rejected _____

EC Date of approval _____

Details of online membership fee payment made by candidate

Bank Name _____ Dated _____
Account Number _____ Branch _____ Place _____
IFSC CODE _____ SWIFT CODE _____

IMPORTANT INFORMATION:

1. Fees can only be paid **ONLINE** as per the following details

Account Name- Indian Rheumatology Association

Branch – Kathrikadavu(Ernakulam)(18060)

IFSC Code- SBIN0018060

Account Number 00000030386008927

Bank- State Bank of India

SWIFT CODE- SBININBBT16

State- Kerala

a. Life Members: Rs.11,800.00(Rupees Eleven Thousand Eight Hundred only)[10,000+18%GST]

b. Life Overseas Members: \$400 (US\$ Four Hundred Only)

2. **Documents to be attached (please also see eligibility criteria below)**

- a. Photocopy of Post graduate degree
- b. Proof of specialty training (entry or completion certificate)
- c. Proof of experience in the specialty from the head of institution
- d. Recent passport size photograph in the box on form
- e. CV in the format given
- f. Certificates of attendance of CME/Conference (if applicable)
- g. Proof of confirmation of ONLINE PAYMENT (Screenshot or PDF)

Please send the SCANNED COPIES of completed application form with all above enclosures via EMAIL to secretary@indianrheumatology.org with a CC to secretary.ira@gmail.com

3. **Membership should be proposed by an active life member of IRA of 5 years duration.**

4. **Incorrect/Incomplete forms shall delay processing.**

5. **Candidate must fulfill the following both criteria (a and b) for eligibility:**

a. Basic criteria: Members of the Medical Profession holding a post-graduate medical qualification in Medicine or Pediatrics (or equivalent such as CMT-UK or Fellowship in Internal Medicine-USA).

b. Specialty training/ experience:

- DM/DNB in Rheumatology and clinical immunology **OR**
- DM/DNB in Pediatric Rheumatology and clinical immunology **OR**
- CCT-Rheumatology (UK), American Board-Rheumatology (AB-USA) **OR**
- CCT-Pediatric Rheumatology (UK), American Board-Pediatric Rheumatology (AB-USA) **OR**
- Third year trainees in DM/DNB in Rheumatology and Clinical Immunology **OR**
- Third year trainees in DM/DNB in Pediatric Rheumatology and Clinical Immunology **OR**
- Completed 2 years of experience in Rheumatology and Clinical Immunology or Pediatric Rheumatology and Clinical Immunology - candidate must enclose proof of this experience from the head of the institution and also furnish attendance certificate of at least 2 CMEs/Conferences related to Rheumatology and publications in this area if any.

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.**