



# INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH

Website: [www.iaohindia.com](http://www.iaohindia.com)

## General Information

### 1. Eligibility for Membership:

Any person possessing medical qualifications as defined in the Medical Degrees Act, 1916 (Act VII of 1916) and duly registered under the Indian Medical Council Act, as amended from time to time in any of the State Medical Councils in India shall be eligible for Membership.

Persons associated with industries and allied organizations and / or interested in scientific pursuit of matters related to Occupational Health and Safety and whose qualifications are deemed satisfactory by the Council are eligible for election as *Associate members*. Associate Members are not eligible to hold any office either at the central or branch level.

### 2. Membership Subscription:

Branch members shall pay their subscription to their branch.

Direct members shall pay their subscription directly to the Hon. Treasurer of the Association.

Life Member	INR 10000 (Rs. Ten thousand)	10000 + 18% GST	Total Amount Rs11800/- (Eleven Thousand Eight Hundred )
Life Associate Member	INR 8000 (Rs. Eight thousand )	8000 + 18% GST	Total Amount Rs 9440 (Nine Thousand Nine Hundred Fifty)
Institutional Member	INR 30000 (Rs. Thirty thousand)	30,000 +18% GST	Total Amount Rs 35,400/- (Thirty-five Thousand and Four Hundred)

Branches will have the liberty to charge a higher rate of subscription from their members.

3. Application for Membership: Application to be made in prescribed form through any branch of IAOH. If a local or state branch does not exist in an area, the candidate may apply as a Direct member to the Hon.General Secretary.
4. Candidate will fill up necessary details on the association website ([www.iaohvadodara.com](http://www.iaohvadodara.com)) by selecting the option of "New Member" on homepage.



# INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH

Website: [www.iaohindia.com](http://www.iaohindia.com)

5. After ratification of the membership by the council, a membership number will be allotted to the member and he will receive publications of the association.
6. Termination of membership: The membership will terminate as per the provision contained in Bye-Law 8 of the constitution.
7. Please send the completed application form with requisite fees to the concerned branch secretary.
8. In case of Direct Central Membership, send this form with Demand Draft or Payable at Par cheque in favour of "Indian Association of Occupational Health" payable at Mumbai to:

## MEMBERSHIP APPLICATION FORM- IAOH Vadodara

**Membership Category:**

Life	Associate	Institutional
------	-----------	---------------

To,  
The Honorary Secretary,  
Indian Association of Occupational Health Vadodara (IAOH Vadodara)

Dear Sir,

I do hereby apply to be elected as a Life / Associate/ Institutional member of the Association. I have read the rules and regulations of the Association and if elected, agree to abide by them. I have filled up necessary details on the association website ([www.iaohvadodara.com](http://www.iaohvadodara.com)) on date.....by selecting the option of "New Member" on homepage.

Details of fees payable DD / at par cheque / NEFT / Online transaction: .....

My particular details are given below.

Yours sincerely,  
Signature

Date:

Name:

1. NAME (Full Name in Capital Letter, Surname first): \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_



# INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH

Website: [www.iaohindia.com](http://www.iaohindia.com)

3. Phone No: ( M).....(O).....(R).....

4. Personal Email

Address: .....

5. Official Email Address: .....

6. DATE OF BIRTH (dd/mm/yyyy): .....

7. QUALIFICATION (With names of Universities or Licensing bodies & year of acquiring them): .....

8. REGISTRATION NUMBER(with details of State Medical Council and Date): .....

9. Are you in Service or Practice(please specify): .....

10. If in service, please indicate your designation and employer:.....

11. Specialisation - if any (Underline major speciality; indicate additional speciality and subject of super speciality): .....

12. Are you attached to any Hospital, Office, ESIS, Industry, Plantation, NGO etc.:.....

13. Areas of professional interest:.....

14. Proposed by.....

Of.....Branch

E-mail i.d. of Proposer: .....

Seconded by.....

of .....Branch

E-mail i.d. of Proposer: .....



# INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH

Website: [www.iaohindia.com](http://www.iaohindia.com)

## ***For Branch Office Records***

- Forwarded to the Honorary General Secretary, IAOH
- Centre's Share of Membership Subscription sent to the Treasurer / enclosed herewith

**Name & Signature –**

**Hon.Secretary:**

Branch: IAOH Vadodara

Date:

---

## ***For Central Office Records***

Membership ratified in the .....Central Council Meeting held on .....  
at .....

Journal & Web Secretary were informed on ..... vide Email / Letter No.....

**Name &Signature of Hon. Gen. Secretary:**

**MEMBERSHIP No.**

Date: