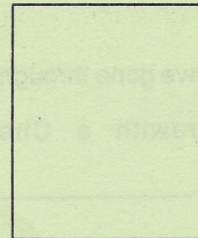




ASSOCIATION OF RADIATION THERAPY TECHNOLOGISTS OF INDIA

APPLICATION FOR MEMBERSHIP



1. Name in full with : _____
Designation : _____
2. Date of Birth : _____
3. Age / Sex : Years M F
4. Mailing Address : _____

E-mail: _____ Mobile: _____

5. Institution Address : _____

6. Academic Qualification : _____

7. Professional Experience : _____

8. Types of Machine at work : _____

I have gone through the Constitution of the Association and I agree to abide by the same, I am enclosing herewith a Cheque / DD No. _____ dated _____ for Rs. _____ of _____ Bank.

Date: _____

Place: _____

Signature

For other Information (If any):
.....

MEMBERSHIP SUBSCRIPTION DETAILS

1. Membership Fee : Rs. 500/-

Note: The DD should be drawn in favour of "ASSOCIATION OF RADIATION THERAPY TECHNOLOGISTS" Payable at Hyderabad.

Address for correspondence:

A. Sridhar

Secretary General

Association of Radiation Therapy Technologists of India

Flat No. 202, Ramana Sree Towers, Near KGH Hospital, Saleem Nagar, Malakpet, Hyderabad - 36. AP India

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E-mail: appari.sridhar@rediffmail.com