

**13 MEMBERSHIP/ FELLOWSHIPS OF OTHER PROFESSIONAL BODIES/SCIENTIFIC SOCIETIES**

	Membership/Fellowship	Society/ Organizational Bodies	Year	Address
1				
2				
3				
4				

14. Number of Publication in Indexed Journal : \_\_\_\_\_
15. A short Bio-data mentioning key areas of interest, where you could contribute your expertise for the Society \_\_\_\_\_  
(can provide in separate attachment) \_\_\_\_\_
16. Eligibility of Members : \_\_\_\_\_

(A copy of Curriculum Vitae may be attached)

**Declaration:** I hereby agree to abide by the rules and regulation of the association and will pay all the prescribed fee in time and work for the welfare of the association.

Date : \_\_\_\_\_

Signature: \_\_\_\_\_

Place : \_\_\_\_\_

Name : \_\_\_\_\_

**RECOMMENDATION OF SEOH MEMBERS**

<b>Proposed by :</b> Name in Block .....	<b>Seconded by :</b> Name in Block .....
SEOH Membership No. ....	SEOH Membership No. ....
Signature with Date .....	Signature with Date .....

**NOTE :** The application form duly filled up and signed, (along with photograph affixed), copies of Degree/ P.G. Degree Certificates and D.D. should be sent to Office Address

**Bank details for NEFT :** Account Name : ..... Name of Bank ..... Branch : .....

Account No : ..... Type of Account : Saving /Current, IFSC : ..... Transaction ID : .....

**For office use :** Amount received by : Draft / Cash / Online transfer. Details of payment : \_\_\_\_\_

**Membership Subscription**

Life Membership Fee : Rs. 2500/-

Associate Membership Fee : Rs. 2000/-

Corporate Membership Fee : Rs. 10,000/-

**Would you like to share your expertise and join the special interest groups (SIG): [Tick Mark any 3]**

- |  |                                       |
|--|---------------------------------------|
| 1. Muculoskeletal Disorders Prevention                                   | 2. Emergency Medicine & CRP Awareness |
| 3. Nanotechnology in Occupational Health & Pharmaceutical                | 4. Safety in Construction Industry    |
| 5. Technological Innovation transformation into action                   | 6. Wellness & Fitness                 |
| 7. Education & Training in Occupational Scenarios & Disaster Management  | 8. Food Safety and Hygiene            |
| 9. Interaction of Occupational Health with Primary care                  | 10. Industrial Hygiene                |
| 11. Sustainable Eco-friendly Environment- Locally, Nationally & Globally | 12. Diet & Nutrition.                 |
| 13. Lifestyle Management, Stress Management & Mental Health.             | 14. Gender Identity & Equality.       |
| 15. Aviation & Travel Medicine Applications                              | 16. Geriatric Medicine                |



# Society of Environment and Occupational Health

(Registered under Societies Registration act XXI of 1860

Registration No. District Shahdara/Society/846/2016-17)

## Membership Form

Membership Number

To,  
The Secretary,  
SEOH

I ..... would like to become Corporate/Life/Annual Member of the society.

Signature

1. NAME : Surname \_\_\_\_\_ Middle Name \_\_\_\_\_ First Name \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_
3. Qualifications : \_\_\_\_\_
4. Occupation : \_\_\_\_\_
5. Designation : \_\_\_\_\_
6. Speciality/ Superspeciality : \_\_\_\_\_
7. Organizations associated with (mention Full-time or part-time) \_\_\_\_\_
8. Address

(a) For Postal Communication : \_\_\_\_\_

District : \_\_\_\_\_, State : \_\_\_\_\_ Pin Code : \_\_\_\_\_ Mobile No \_\_\_\_\_

(b) Permanent Address : \_\_\_\_\_

District : \_\_\_\_\_, State : \_\_\_\_\_ Pin Code : \_\_\_\_\_

9. Phone Number : Clinic /Office : \_\_\_\_\_ Fax : \_\_\_\_\_

Resi.: \_\_\_\_\_ Mob.: \_\_\_\_\_ Email Id \_\_\_\_\_

10. Membership Branch : \_\_\_\_\_

11. Name of spouse : \_\_\_\_\_ Date of Marriage : \_\_\_\_\_

12. Name of Children :	Age	Qualification	Hobbies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____