Academy of Clinical Embryologist

Membership Form

Full Membership is available to all practicing clinical embryologists in India. Associate membership is offered to practitioners in the related disciplines- Infertility specialists, Research fellows/scholars/Laboratory Andrologists/Lab technicians/Practitioners (clinical/embryology).

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Clinical Embryologists (working for &gt;5 years)</td>
<td>Rs. 5,000</td>
</tr>
<tr>
<td>Clinical Embryologists (working for &lt;5 years)</td>
<td>Rs. 5,000</td>
</tr>
<tr>
<td>Infertility Specialists/Clinicians</td>
<td>Rs. 5,000</td>
</tr>
<tr>
<td>Lab Technicians/Research Students</td>
<td>Rs. 5,000</td>
</tr>
<tr>
<td>Foreign Candidates</td>
<td>US$250</td>
</tr>
</tbody>
</table>

Lifetime Membership

FILL UP THE FORM (* = mandatory)

Membership Category*: [ ] Senior Clinical Embryologists, [ ] Clinical Embryologists, [ ] Infertility Specialists/Clinicians, [ ] Lab Technicians/Research Students, [ ] Foreign Candidates

Personal Info*: 
- Title*  
  - C Dr.(Mr.)  C Dr.(Mx)  C Mr.  C Mx

Full Name*: ..............................................................................................................................

Gender*:  
- C M  C F

Postal Address (include City, PIN, and Country)*:

Email*:

Mobile/Phone (with city code)*:
Education:

Basic Science
- B.Sc.
- M.Sc.
- PhD
- Others

If Others, please specify:

Medical Science
- MBBS
- MD
- DNB
- FNB
- MRCOG
- FRCOG
- Others

If Others, please specify:

Research Interest:

Transaction:

Check DD (NO OTHER MODE OF TRANSACTIONS WOULD BE ACCEPTED)

Cheque/DD No. /Transaction details:

Payment Mode:

DD or 'payable AT PAR cheque' in favor of "Academy Of Clinical Embryologist" in

ONLY CHECK OR DEMAND DRAFT. NO CASH OR ONLINE TRANSACTIONS.

Send the DD/Cheque to the following address:

Academy Of Clinical Embryologist

[Address]

TERMS & CONDITIONS:

All the information provided here is true to the best of my knowledge.

(Please send a passport size photograph and your current CV along with this Membership form)

Date: ______________________ Signature: __________________________