



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).

Membership Category:	Fee
Senior Clinical Embryologists (<i>working for >5 years</i>)	: Rs. 5,000
Clinical Embryologists (<i>working for <5 years</i>)	: Rs. 5,000
Infertility Specialists/Clinicians	: Rs. 5,000
Lab Technicians/Research Students	: Rs. 5,000
Foreign Candidates	: US\$250

Lifetime Membership

FILL UP THE FORM (*-> mandatory)

Membership Category* : Senior Clinical Embryologists , Clinical Embryologists ,
(tick the appropriate box) Infertility Specialists/Clinicians, Lab Technicians/Research Students,
 Foreign Candidates

Personal Info*:

Title* Dr.(Mr.) Dr.(Ms.) Mr. Ms.

Full Name* :

Gender* M 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

Dr. Ved Prakash
Sothend Fertility & IVF
1st Floor, Holy Angels Hospital,
Basant Lok, Vasant Vihar,
New Delhi - 110057
INDIA

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:

Website: www.aceindiaonline.org

Email: admin@aceindiaonline.org

Contact No.: +91 9844081601/+91 9748634082

