

Biomedical Engineering Society of India Application Form for Life Membership

Name in full: Nat	itionality:
Place of Birth: Dat	ate of Birth:
Address A. Office:	Please insert your Photo Here
B. Home:	
Cell Phone # E-mail- Please tick the address preferred for mailing: Office	Home
Present position, Length of Service and Responsibilities:	
Nature of experience and interest in Biomedical Engineering including publications: (Attach additional sheets if necessary)	
Education (Degree, Year of passing etc):	
Membership of other professional organisations:	
I certify that the statements on this application are correct and agree to abide by the rules and bylaws of the society.	
Date:	Signature of Applicant
Note: Application money payable with this form: Life Membership Subscription Rs 2000/-	
Details of payment: D D/ NEFT No. Bar	nk:
Demand Drafts/ NEFT should be made payable to the <u>BIOMEDICAL ENGINEERING</u> <u>SOCIETY OF INDIA</u> , payable at Manipal. Completed application form together with Demand Draft should be sent to: President / Secretary, BMESI , Department of Biomedical Engineering, Manipal Institute of Technology, Manipal - 576 104. Email: muralidharbairy@gmail.com	
FOR OFFICE USE	
Application Received on: Member Receipt No: Sent on:	Membership No: Elected on: