

Application for membership to the Endocrine Society of Tamil Nadu

1	Name		
2	Date of birth	dd/mm/yyyy	
3	Sex	Female <input type="checkbox"/> Male <input type="checkbox"/>	
4	Email		
5	Mobile number	+91	
6	Home address Check here if you want all correspondence sent to this address <input type="checkbox"/>		
7	Work address Check here if you want all correspondence sent to this address <input type="checkbox"/>		
8	Phone number (work)	+91	
9	Current designation and institutional affiliation		
10	List post graduate and doctoral degrees / diplomas (latest first) Attach copy of degrees and diploma	Degree / Diploma: University: Year: Degree / Diploma: University: Year	
11	Physician members only State Registration number Attach copy of state	Registration number: State: Year:	

	registration		
12	Undergraduate Students only	Name of Institution: Degree to be conferred at graduation: Expected Year of graduation:	
13	Category of membership applied for	Category I: Life Member <input type="checkbox"/> Category II: Associate Member <input type="checkbox"/> Category III: Student Member <input type="checkbox"/>	
20	Please read the adjoining carefully and sign	By affixing my signature I attest that all of the above is true to the best of my knowledge. I attest that my license to practice has never been suspended or revoked (other than voluntary surrender upon relocation). I also attest that I have not been convicted of a crime other than a minor driving violation. I understand that it is my responsibility to inform and update the Endocrine Society of Tamilnadu if any of the information provided above changes within 90 days of such change. I understand that a decision on membership will be conveyed to me by email only within 120 days of receipt of this application and that decision of the credentials committee is final. Signature _____ Name _____ Date _____	
21	Attachments	Copy of highest professional degree Undergraduate degree State registration certificate Passport size photograph Proof of training if student member DD of Rs.11,000/- for category 1 and 2; Rs. 3250/- for category 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DD to be drawn in the name of "The Endocrine Society". filled up application to be sent to,

Dr.V.Kumaravel,
Secretary – ESTN,
Alpha Hospital & Research Centre,
2B/2C, Gate lock Road,
Mela Anupannady, Madurai - 625009.