



EPIDEMIOLOGY FOUNDATION OF INDIA

(Registered under Societies Registration Act, 1860)

INDIVIDUAL MEMBERSHIP FORM

First Name	Middle Name	Last Name
Qualification & Year		
Current Designation:		
Current Institution (Affiliation):		
Gender: Male / Female		
Date of Birth (DD/MM/YYYY):		
E Mail Address*:		
Mobile No*:		
Correspondence Address:		
Address Line 1:		
Address Line 2: City: District: State: Pin Code:		
Areas of Professional Interest: Epidemiology/Public Health/Diabetes/Cardiovascular Disease/Chronic Respiratory Diseases/Cancers/Stroke/Chronic Kidney Diseases/Mental Health/Health Promotion/Others		

CATEGORY OF MEMBERSHIP

Life Membership Fee - Rs. 5000/-

Annual Membership Fee - Rs. 1000/-

BANK DETAILS

A/C Name: Epidemiology Foundation of India	A/C No.: 918010097726516
Bank Name: Axis Bank, MG Road, Lucknow, UP, INDIA	IFSC Code No.: UTIB0000053

PAYMENT DETAILS (Please tick the appropriate)

<input type="checkbox"/> Life Membership	Mode of Payment (DD/ Cheque / Online): Details: _____ Date: _____
<input type="checkbox"/> Annual Membership	
<input type="checkbox"/> Complimentary Membership	

I agree to terms and conditions of Epidemiology Foundation of India & certify that the information provided is true.

Date

Signature of the Applicant

OFFICE USE ONLY

Approved & Membership No:

Secretary,
Epidemiology Foundation of India

Contact us at:

Phone: +91 522 4062512; Mobile: +91 9415101095; E Mail Id: epifindia@gmail.com Website: efi.org.in

