



# The Society Of Biomedical Laboratory Scientists, India

(An ISO : 9001 : 2015 Certified Organization)

## Application for Membership

Recent  
Colour  
Photographs

1. Full Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ 3. Sex: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Tel. No. \_\_\_\_\_ Email \_\_\_\_\_
5. Academic Qualifications (Academic/Technical): \_\_\_\_\_
6. Present Designation/Position: \_\_\_\_\_
7. Area of interest/Years of Experiences: \_\_\_\_\_
8. Institutional Affiliation/Organization \_\_\_\_\_  
\_\_\_\_\_
9. List of Recent publications if any (Please attach separate sheet in case required):  
\_\_\_\_\_

### 10. Declaration:

Certified that the information given above is true, complete and accurate to the best of my knowledge.

(Signature of Applicant with date)

## **FOR OFFICE USE ONLY**

Application received on:

Signature of the President/ Secretary

Admitted on:

MEM Reg. No.

- ❖ Photocopy of certificates/ Adhar Card should be attached with this form.
- ❖ Any change in address should be communicated immediately to the SBMLS Secretariat.

## **INSTRUCTION TO THE APPLICANT**

1. Admission fees Rs. 50/-- (Pl. Add this to membership fee)
2. Life Membership fees Rs. 2500/-
3. Fellow Membership (FBMLSc.) Rs.5000/-
4. Demand Draft should be drawn in favour of:  
**THE SOCIETY OF BIOMEDICAL LABORATORY SCIENTISTS, INDIA, Payable at Delhi. or  
by Online in the account of SBMLS, India.**

**Bank Details: Account Name: SBMLS INDIA**

**Account No. 30996278389 IFSC Code: SBIN0010435**

**Branch: Vallabhbhai Patel Chest Institute, University of Delhi, Delhi-110007**

Please return this form with DD to: **The President/Secretary, SBMLS, INDIA.**

**D-1, Kh No. 820/2, Chauhan Apt, Adarsh Enclave, Burari, Delhi-110084 , India.**

Email: sbmlsin@gmail.com; (M) 09968953320, 9910892498, Website: www.sbmls.in