



APPLICATION FOR THE LIFE MEMBERSHIP OF Research Society for the Study of Diabetes in India (RSSDI)



ODISHA STATE CHAPTER

Office : PG Department of Medicine, Room No. 318, 3rd Floor
SCB Medical College, Cuttack-753007

Contact : 8598011261, E-mail : rssdiodisha@gmail.com

Please Paste
your
Recent Colour
Photograph

To,
Hon. Secretary, RSSDI
Odisha State Chapter
Cuttack.

Dear Sir,
I request you to enroll me as a Life Member of RSSDI, Odisha.
My particulars are as follows :

RSSDI LM No. _____

RSSDI, Odisha LM No. _____

Prof/Dr. _____ Name First _____ Middle _____ Last _____

Address _____

Town _____ Pin _____ State _____

STD Code _____ Phone at Home _____ Work _____

Mobile _____ Fax _____

E-mail _____

<u>Academic Qualification</u>	<u>University / Institute / Board</u>	<u>Year</u>
M.B.B.S.
M.D.
Any other additional qualification

(Please attach self attested xerox copy of the certificates)

Post held at present :

DECLARATION

The facts mentioned above are true to the best of my belief and knowledge, and I pledge to be a member of this academic body and abide by the provisions of its constitution.

Yours sincerely

Date

Signature of the Applicant

- N.B.:
- Enclose copy of the degree (MBBS/MD/DM/M.Sc./Ph.D) Certificates.
 - All crossed cheques/drafts should be drawn in favour of 'RSSDI Odisha' payable at Cuttack.
 - Subscription for Life Membership is Rs.1000/- (One thousand) only to be sent to the State Office.
 - Please Add Rs.50/- for outstation charges if paying by crossed cheque.