



SOCIETY OF INFLAMMATION RESEARCH

Registered under Registrar of Societies: DRB-4/SOR/134/2017-18

Head Office:

#121/1, 3rd Main,
Bet. 10th & 11th Cross, Margosa Road,
Malleshwaram, Bengaluru – 560 003
Website: www.indiainflammation.org

Administrative Office:

ChanRe Rheumatology & Immunology Center & Research
No. 414/65, 20th Main, West of Chord Road,
1st Block, Rajajinagara, Bengaluru – 560 010
Ph: 080 42516635, Email: indiainflammation@gmail.com

Composite Membership Application Form

Please type or fill in BLOCK LETTERS

Title (Mr/Ms/Mrs; Dr/Prof)

Surname _____ First Name _____

OFFICE ADDRESS:

Address for Communication

(please provide the full address you would like us to use for regular correspondence)

House/flat No. _____

Street _____

City _____ Pin _____ State _____

RESIDENCE ADDRESS:

Address for Communication

House/flat No. _____

Street _____

City _____ Pin _____ State _____

OTHER DETAILS:

(please provide details like office Address, designation of the current post and age)

Age: _____

Designation: _____

Office Address: _____

CONTACT DETAILS:

(including dialing codes)

Mob. Phone _____ Office Phone _____ Res. Phone _____

Personal E-mail (in caps) _____ Email for Communication

Alternate / Official E-mail (in caps) _____ Email for Communication

Type of Membership applied for*(Tick the relevant box)*

1) Life Membership	<input type="checkbox"/>
2) Associate Membership	<input type="checkbox"/>
3) Student Membership	<input type="checkbox"/>
4) Overseas Membership	<input type="checkbox"/>
	Life Membership <input type="checkbox"/>
	Annual Membership <input type="checkbox"/>

Candidate's publication related to Inflammation Research

1.

DECLARATION

" I agree to abide by the rules and regulations of the Society of Inflammation Research, as laid down in the current memorandum of society and as may be applicable in the future. I will endeavor to further the cause of inflammation research in India to the best of my ability. I understand that my membership is liable to be cancelled in case I do not pay my annual renewal fee. (for student membership)"

DATE AND PLACE**APPLICANT'S SIGNATURE**

Note:

The application for Membership in the Society will be put up for scrutiny and approval in the immediate next EC Meeting. On review and approval from the EC, you will be asked to pay the appropriate membership fee. On receipt of the payment, your membership will be confirmed and details sent to you from the association.

Documents to be submitted with the application form

- a. Photocopy of postgraduate degree certificate
- b. Recent passport size photographs – 2 nos.
- c. CV in the format given below (Details photocopies may be attached)
- d. Certificate of attendance of CME/conference
- e. Demand draft payable at Bengaluru, India

Please send the completed application form with all enclosures to:

**General Secretary,
Society of Inflammation Research
Administrative Office
ChanRe Rheumatology & Immunology Center & Research
#414/65, 20th Main, West of Chord Road,
1st Block, Rajajinagara, Bengaluru – 560 010**

Important Information:

1. Membership Fee Structure:

- a) Life members: Rs. 5,000.00 (Rupees five thousand)
- b) Associate member: Rs. 2,500.00 (Rupees two thousand and five hundred)
- c) Student members: Rs.500.00 (Rupees Five hundred)
- d) Overseas members: Life Membership: \$ 500.00 (US dollars five hundred)
Annual Membership: \$ 100.00 (US dollars hundred)

Fees can be paid through DEMAND DRAFT in favor of

"Society of Inflammation Research" payable at BENGALURU, INDIA

OR

By money transfer online to the following bank details

**Bank Name : HDFC Bank
Account Holder : Society of Inflammation Research
Account Number : 50200028362337
IFSC code : HDFC0004000
Branch Name : Dr. Rajkumar Road, Rajajinagar, Bangalore.**

2. Documents to be attached:

As mentioned in the application

3. Membership should be proposed by an active life member of SIR

- a. Incomplete / Incorrect forms shall delay processing / non-acceptance
- b. Enclose CV and other details as per the format provided

Academic details in support of SIR membership requested:

Name: _____ Age: _____ Gender: _____

Professional Qualification:

Degree: _____ College: _____ University: _____

Degree: _____ College: _____ University: _____

Degree: _____ College: _____ University: _____

Appointments Held:

Designation: _____ Institute: _____

Duration: _____ Job Description: _____

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Duration: _____ Job Description: _____

Details of Conference / CME (Inflammation Research related) attended

1)

2)

Write five lines on why you want to join SIR including contribution to inflammation research

Attach a list of all relevant publications / awards, etc.