



AIIMS ASSOCIATION FOR ANATOMY (AAA)

(Reg.No: GOR/01337/2024-2025)

0304 C Mahadev Jharkhandi Tukada No. 2, Prem Nagar Colony,
Tahsil Sadar District Gorakhpur, U.P.273008

E-mail: aiimsassanatomy@gmail.com

+919905130001

MEMBERSHIP APPLICATION

Please send filled in *Application Form*, *ID Card of AIIMS* & *Copy of Certificate of Highest Qualification* (M.D./M.S/Ph.D.) to **Dr. Hare Krishna, Associate Secretary** 'AIIMS ASSOCIATION FOR ANATOMY (AAA)', by contacting him at his mobile number **9560500793** and please email the documents at aiimsassanatomy@gmail.com. Postgraduates in Anatomy (MD/MS/PhD), please send Bonafide Studentship Certificate from HOD/Dean with mention of undergoing course. Fee for the Life Membership i.e. a sum of **Rs. 5000/- and Associate Member- Rs.3500/ (valid for one year)** can be directly deposited by NEFT/Payphone/UPI/Cheque etc. in favour of "AIIMS ASSOCIATION FOR ANATOMY" to **Account Name- AIIMS ASSOCIATION FOR ANATOMY, Account No:1914002100098212, Bank: PUNJAB NATIONAL BANK, KUNRAGHAT, GORAKHPUR, IFSC Code: PUNB0191400,**
Do email the receipt of the payment immediately with filled membership form at aiimsassanatomy@gmail.com.

Name:

Father / Husband's Name:

Age: **Years:** **Gender:**

Category: ☐ Faculty / ☐ Doctor / ☐ P.G. student (✓ correct one)

Highest Academic Qualification: ☐ M.S. / ☐ M.D. / ☐ PhD (✓ correct one)

NMC Reg. No. **State:**

Designation: **Department:**

Institution / Hospital:

e-mail ID:

Corresponding address (In capital letters):

.....

.....

..... **PIN**.....

Mobile No.: **Land line No. :**

Membership Fee: Cash / UPI transfer receipt no.....

Amount:

Date: **Bank:**

Date:

Signature