



Ibn Sina Academy of Medieval Medicine & Sciences

MEMBERSHIP FORM

I wish to become a member of the Ibn Sina Academy of Medieval Medicine & Sciences. I have read the objectives & Byelaws of the academy and agree to abide by it.

1. Name:
2. Educational Qualifications:
3. Addresses:
 - (i) Office with phone #
 - (ii) Residence with phone #
 - (iii) E-mail:
4. Are you actively engaged in work concerning history of medicine & sciences:
5. Field of specialization:
6. Type of membership desired:

Individual Life 5000/- o

Institutional Life 8000/- o

Date: _____

Signature: _____

Note: (1) The admission fee of Rs 50/- shall be chargeable at the initial admittance to the Academy.
(2) All the payments be made either in cash, or a demand draft in favour of 'TREASURER IAMMS' and should be sent along with this form completely filled and mailed to the treasurer.
(3) Online payment can be made at bank account #: 511750963; Bank: Indian Bank, Marris Road, Aligarh 202001; IFSC Code: IDIB000A044; MICR Code: 202019006

Treasurer, IAMMS
Tijara House, Dodhpur, Aligarh-202002 (UP), India

For Office Use Only

Membership No.....

Type of membership:

Date:

Treasurer

Donations received by the Ibn Sina Academy
shall be exempt under section 80G of the Income Tax Act 1961 (PAN: AAATI4643P)