

REGISTRATION FORM

Name: _____

Date of Birth: _____ Age in years _____ Sex: _____

Address: _____

E-mail: _____

Institutional Affiliation: _____

Educational Qualifications: _____

Membership Life Associate

Proposed by: _____ Seconded by: _____

If my application is accepted I am agreeable to the present rules and regulations of the Society.

Date: _____ Signature of Candidate

The Draft (Rs. _____ Date _____) should be made in favour of "**SOCIETY FOR TOBACCO CONTROL**" payable at Delhi.

Eligibility for Life Membership / Associate Membership of the Society:

i) Life Member:

- a) Medical Graduate with MBBS/BDS degree
- b) Scientist have recognized Ph.D. degree and actively engaged in Tobacco Cessation / Control activities

Life Membership Fee : Rs. 2,500/- (US\$ 50)

ii) Associate Member:

- a) Individuals having a Masters degree and having interest in Tobacco Cessation / Control activities

Membership Fee : Rs. 2,000/- (US\$ 40)

Please send the form to:

**General Secretary
Dr. Raj Kumar
Prof. & Head**

**Dept. of Respiratory Allergy & Applied Immunology,
V. P. Chest Institute, University of Delhi, Delhi-110007
Ph: (O) 011-27667102, 27667441, 27667667, 27667441 (Extn: 144)
Mobile: 98101-46835, E-mail: rajkumarvpci@gmail.com**