

# **ACADEMY OF CLINICAL MICROBIOLOGISTS**

## **Application form for membership**

**1.Name of the applicant :-**

**Mobile:**

**2.Age & Date of Birth:-**

**3.Sex:-**

**4.Official Address -**

**5. Email address:**

**5. Residential Address :-**

**6. Address for Correspondence:-**

**7. Qualifications:-**

**8. Professional Experience:-**

**CURRENT EMPLOYMENT AND PROFESSIONAL AFFILIATION :**

**PAST WORK EXPERIENCE:**

**9. Publications:**

**Signature of applicant**

**Enclosures checklist:**

1. Application form duly signed
2. MBBS registration certificate at state medical council
3. Post graduate degree certificate from University(MD /DNB in Microbiology)