



THE AIIMSONIANS
(Alumni Association of AIIMS)

Application form for Membership

I. Card issued : _____

GUEST / FULL Member

Please affix one P.P. size photograph here and give one loose extra photograph.

Dear Sir/Madam,

I wish to apply for membership of "The AIIMSONIANS". My particulars are as under :

Name (*in caps.*) : _____

Date of Birth : _____ Gender : Male/Female

Category Eligible (*See below*) : _____ Type of Membership Eligible : Full/Guest

First Degree/Course/Job pursued at AIIMS/(*Please attach proof*) _____ Faculty of AIIMS : No/Yes

Month & Year of entry at AIIMS : _____ For MBBS Alumni - Batch No. : _____
Roll No. : _____

Full Postal Address : _____ Specialise in 1. _____
(*with Pin Code*) 2. _____
3. _____

Currently residing in : (Country) : _____

TELEPHONE NO. : Work Place : _____ Residence : _____

Fax No. _____ E-Mail : _____ Cell-Phone: _____

Spouse & Children's Names : _____

Spouse : (Name) _____ Children : (Names) _____

Marriage Anniversary _____

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- * Please add Rs. 50/- for cheques from outside Delhi.
 - * The cheques/DD should be drawn in favour of "The AIIMSONIANS" and should be crossed.
 - * Please return this form with : "The AIIMSONIANS" Office, Room No. 38A, Pre-clinical Block
one extra photograph to AIIMS, New Delhi - 110 029. E-mail : aiimson@medinst.ernet.in
Phone No. : 26594461, 26594985 Fax : 011-26588663
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Important Excerpts from the Constitution of "The AIIMSONIANS"

4. MEMBERSHIP of The AIIMSONIANS :

Members will be enrolled only as life members. Members enrolled at the Head Office of the AIIMSONIANS shall be known as primary members. Type of Life Membership will be as follows :

4.1. **FULL MEMBERSHIP** : The following are eligible for Full membership. On becoming full members, they are entitled to call themselves "Member of The AIIMSONIANS.

4.1.a **Group A: shall comprise :**

A1* Those who have completed any postgraduate medical/paramedical course from AIIMS (MD, MS, PhD, MSc., DM, MCh, MHA, MDS etc.)

A2* Faculty of AIIMS (past or present) who have held a regular job at the Institute.

A3* All those who have completed a undergraduate medical/paramedical degree/diploma course at AIIMS (e.g., B.Sc.Nursing, P.C.Nursing, B.Sc.Human Biology etc.) of atleast 3 years duration.

A4* Any one who has worked for at least 3 continuous years in an academic medical job at AIIMS.

4.1.b **Group B shall comprise** medical graduates (MBBS) of AIIMS.

4.2. **GUEST MEMBERSHIP :**

Open to any one (including Indian/Foreign visitors) who has worked/participated in any academic activity at AIIMS for a continuous period of at least six months but is not eligible for full membership. (*Please attach proof*).

Such members will be called the "Guest AIIMSONIANS".

4.3. **MEMBERSHIP FEE : (Revisable)**

Currently :

- Indian Rs. 1,500/- for Indian Residents AND for residents of other SAARC countries
- U.S. Dollars 300/- for all others

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7. **EXECUTIVE COMMITTEE :**

7.1 **COMPOSITION**

It shall consists of **6 office bearers (1 President, 2 Vice Presidents, 1 Secretary & Treasurer, 2 Joint Secretaries) and 10 Executive Committee Members (6** elected from Group B as in clause 4.1.b., i.e., medical graduates (MBBS) from AIIMS and **one each** elected/co-opted from amongst Group A as in clause 4.1.a., Groups A1, A2, A3, A4).

Only Group B members (as in clause 4.1.b.) can hold the post of office bearers of the Executive Committee.

Guest Members have no voting rights in the elections/meetings of "The AIIMSONIANS" but enjoy all other rights of a full member.

I have read and understood the rules as above and promise to abide by them.

Date : _____

Signature _____
Name _____

Membership Category : _____

FOR OFFICE USE ONLY

Received Rs. _____ /- by cash/D.D./cheque* No. _____.

drawn on Bank : _____

Receipt (*Issued*) No. _____.

I. Card issued on : _____.

Date _____

Dr. Bir Singh
Secretary
The AIIMSONIANS