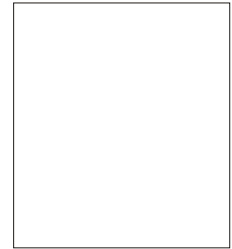




# INDIAN SOCIETY OF RADIOGRAPHERS & TECHNOLOGISTS



## MEMBERSHIP REGISTRATION FORM



1. Name : \_\_\_\_\_
2. Age & Date of birth : \_\_\_\_\_ Blood Group \_\_\_\_\_ Gender : \_\_\_\_\_
3. Father's / Husband's Name : \_\_\_\_\_
4. Present Designation : \_\_\_\_\_
5. Current Employment details :
  - a) Type of establishment :  Med. College  Teaching Institution  Hospital  Diagnostic Clinic  Industry
  - b) Name of establishment : \_\_\_\_\_
  - c) Sector :  Government  Private  Co-operative  Autonomous Body  Quasi Govt.  Own Establishment
  - d) Official Address \_\_\_\_\_  
\_\_\_\_\_ Ph: \_\_\_\_\_
6. General Qualifications : \_\_\_\_\_
7. Details of Professional Course & Training undergone in Radiological Technology :
  - a) Name of course : \_\_\_\_\_
  - b) Trained in :  Diagnostic Radiology  Radiotherapy  Nuclear Medicine  Any other
  - c) Type of course :  Diploma  Post Diploma  Degree  Post graduation  Doctorate
  - d) Duration : \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Month & Year of Passing : \_\_\_\_\_
  - e) Name of Institution Studied & Address : \_\_\_\_\_  
\_\_\_\_\_ Ph : \_\_\_\_\_
  - f) Training Recognized by :  Central Govt.  State Govt.  Council  University  Board  
(Please enclose a photocopy of your training certificate)
8. Experience Details : Total years : \_\_\_\_\_  
(a) Diagnostic Radiology \_\_\_\_\_ yrs (b) Radiotherapy \_\_\_\_\_ yrs (c) Nuclear Medicine \_\_\_\_\_ yrs
9. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin : \_\_\_\_\_ Resi.Ph: \_\_\_\_\_  
Mobile : \_\_\_\_\_ E-mail : \_\_\_\_\_
10. Details of Membership fee Paid :  Amount: \_\_\_\_\_  D.D No \_\_\_\_\_  
 Name of Bank: \_\_\_\_\_ Date : \_\_\_\_\_
11. Address to which Certificate / Correspondence are to be sent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin: \_\_\_\_\_ Ph: \_\_\_\_\_
12. Other information if any : \_\_\_\_\_

I herewith declare that all informations furnished above are true & correct to the best of my knowledge and belief. I also undertake to abide by the Rules and Regulations of the Society. Kindly enrol me as a member of I.S.R.T.

Place :

Date :

(Instructions overleaf)

Name & Signature of applicant

## INSTRUCTIONS

**For membership & Registration Enquiry, Please contact :**

**1. Mr. Suresh Malayath (Gen.Secretary)**

**Ph: +91 98464 33944**

**2. Mr. Vergin G.S.**

**Ph: +91 98958 03875**

### **MEMBERSHIP FEE:**

- |  |                                 |
|--|---------------------------------|
| (i) Life Membership & Registration               | : Rs.1500 /-                    |
| (ii) Associate Membership & Registration         | : Rs.1500 /-                    |
| (iii) Provisional Membership & Registration      | : Rs.500 /- (For students only) |
| (iv) Overseas Membership & Registration          | : 200 <b>US Dollor</b>          |
| (v) Overseas Associate Membership & Registration | :300 <b>US Dollor</b>           |

Fee should be paid by Demand Draft or Multi City Cheque Only.  
DD/Cheque should be taken in favour of **I.S.R.T. payable at Thiruvananthapuram**

**Registration Form should be addressed to:**

### **MR. VERGIN G.S.**

Chairman, ISRT Core group (Registration)  
Indian Society of Radiographers & Technologists,  
P.B.No:2547,T.C.6/772(2),Prasanth Nagar Junction,  
Medical College P.O.,Thiruvananthapuram-695 011  
Kerala,India.Ph: +91 9895803875  
Email: registration@isrt.org.in, mailisrt@gmail.com

### ***Important Guide lines to Candidates:***

- Please give true and correct information.
- Tick appropriate boxes in application form.
- Use more than one box for tick, if applicable.
- Please enclose attested photocopies of your certificates in Radiological Technology & Higher Secondary.
- Please enclose one additional passport size photograph.
- Registration Certificate will be available within 45 days of receipt of application.
- Separate requisitions are needed for fast track delivery of certificates
- Fees required for fast track delivery is Rs.1000 only. and time required is 10 days
- Students are not eligible for registration certificate till they are qualifying the course

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### **FOR OFFICE USE ONLY**

Membership No : \_\_\_\_\_ Type : \_\_\_\_\_  
Receipt No : \_\_\_\_\_ Amount : \_\_\_\_\_  
Cash/ D.D No. : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Chairman Core Group (Registration)

*Approved by*

President

General Secretary

ID card and certificate sent on : \_\_\_\_\_