



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.K.J. Daniel
2. Mr.S.Ramachandran Niar

Ph:+91 9447766307
Ph: +91 9446486603

MEMBERSHIP FEE:

- | | |
|--|--------------------------------|
| (i) Life Membership & Registration | : Rs.1770/- |
| (ii) Associate Membership & Registration | : Rs.1770/- |
| (iii) Provisional Membership & Registration | : Rs.590/- (For Students only) |
| (iv) Overseas Membership & Registration | : 200 US Dollor |
| (v) Overseas Associate Membership & Registration | : 300 US Dollor |

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 From should be addressed to:

Mr.S.Ramachandran Nair

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 9446486603
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

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 : _____