



SOCIETY FOR EMERGENCY RADIOLOGY

Registered office: Department of Radiodiagnosis and Imaging, PGIMER,
Sector-12, Chandigarh- 160012, India, Ph: 91-172-2756381

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(For office use only)

Folio No:

Date of Enrolment

Receipt No.

Name (CAPITAL LETTERS).....

Date of Birth Age Yrs. Sex: M/F.....

Please affix a recent
passport size
photograph here

Qualifications (Attach Proof)	Year	Institution

MCI Registration No.

Date of Registration.....

Area of Specialization

Designation.....

Mailing Address.....

..... City

PIN.....

Tel. No.

Cell. No.

Email:

Permanent Address

Hospital / Institution / Clinic Address

.....

.....

Tel. No

Tel. No

Membership Fee (Please see overleaf for details of membership categories)

Life Member Rs. 5000

Corresponding Life Member Rs. 5000

Member-in-Training Rs. 1000

Emeritus Member NO FEE

Honorary Member NO FEE

Nature of Payment (Cash / DD/ET) *.....

Amount DD No/Ref No.....

Drawn on

Date

***Please make demand draft or cheque in favour of "Society for Emergency Radiology" payable at Chandigarh or electronic transfer at "A/c Name:- Society For Emergency Radiology; Bank:- State Bank of India; Branch: Medical Institute(PGI), PGI Sector12, Chandigarh, PIN 160012; Account No. 34137410454; IFSC Code: SBIN0001524; MICR Code: 160002007; Branch Code: 001524**

DECLARATION

I agree to abide by the current bylaws and policies of the Society for Emergency Radiology and any future revisions thereof. I also certify that the information given above is correct to the best of my knowledge. I may kindly be enrolled as member.

Date : _____

Place: _____

Proposed by : (Member of SER)

Name _____

Registration No. _____

Signature _____

Address _____

Signature of Applicant

Name _____

RegistrationNo. _____

Signature _____

Address _____

FOR OFFICE OF SER USE ONLY

Enrolled as Life Member/Corresponding Member/Member-in-Training/Honorary Life Member/Emeritus Member of the 'Society for Emergency Radiology.'

Folio No. _____

Receipt No. _____

Dated _____

General Secretary, SER

Membership Categories:

Life Members: Qualified radiologists, with a post graduate degree or diploma course in Radiology recognized by the Medical Council of India. These include M.D., D.N.B., and postgraduate training courses in Radiology from the following countries: USA, UK, Canada, Australia and New Zealand. In case of postgraduate training outside India, the member should be residing in India.

Corresponding Life Members: They will be radiologists practicing emergency radiology overseas, radiology technologists, radiology physicists involved in developing imaging equipment, researchers in radiology and allied specialties. This will also include emergency medicine physicians and surgeons.

Members-in-training: They will include radiology residents and fellows enrolled in recognized medical institutions in India. This membership will be limited to the duration of training. They will pay one time life membership fee and will automatically become life member on completion of training.

Honorary Life membership: All international faculty who participated in the First Conference of the Society for Emergency Radiology.

Emeritus Members: Applicant should be greater than 65 years of age and should have radiology experience of at least 20 years or more to be eligible.