

Type directly into the columns first and then print.  
You can also print this blank form first and then write on it.



# SEMI Membership Application

**Society for Emergency Medicine India**  
4th floor, Apollo Health City  
Jubilee Hills, Hyderabad, 500034

[www.semi.org.in](http://www.semi.org.in)

<b>Date</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>
<b>Designation</b>	<input type="text"/>
<b>Office Address</b>	<input type="text"/>
<b>Home Address</b>	<input type="text"/>
<b>State</b>	<input type="text"/>
<b>Office phone</b>	<input type="text"/>
<b>Mobile phone</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>
<b>MBBS</b>	<input type="text"/>
College, Year of passing	
<b>Postgraduation</b>	<input type="text"/>
College, Year of passing	

Paste photograph here

**Send NJEM Journal to :**

- Office Address
- Home Address

Mark only one

MCI registration copy attached

Proof of PG qualification attached

Supporting document/s attached

**Areas of interest** (How are you involved or contributing to the field of EM in India ?)

**Attestation Statement**

By submitting your SEMI membership application, you testify that the information provided in your application is true and accurate to the best of your knowledge. You will provide SEMI and its Board Members with any supporting documents requested to support the information and statements in your application. You understand and agree that providing false or unverifiable information will result in dismissal from SEMI membership.

**Payment details** (see website for fee amount)

DD Number

Dated

Issuing Bank

**SIGNATURE**