

Type directly into the columns first and then print.
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ASSOCIATE MEMBERSHIP ONLY

SEMI Membership Application

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

www.semi.org.in

Date	<input type="text"/>
Name	<input type="text"/>
Designation	<input type="text"/>
Office Address	<input type="text"/>
Home Address	<input type="text"/>
State	<input type="text"/>
Office phone	<input type="text"/>
Mobile phone	<input type="text"/>
Email	<input type="text"/>

Paramedic qualification (Institute & date)	<input type="text"/>
Any additional certifications	<input type="text"/>

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

Paste photograph here

Send NJEM Journal to :

- Office Address
- Home Address

Mark only one

- Paramedic degree/diploma copy attached
- Certificate copy/s attached
- Supporting document/s attached

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	<input type="text"/>
Dated	<input type="text"/>
Issuing Bank	<input type="text"/>

SIGNATURE