



Clinical Laboratory Professionals Association (CLPA). INDIA

MEMBERSHIP APPLICATION FORM

(Please print / write in block letters)

1. Name Dr/Mr/Mrs/Ms																
2. Sex	Male	Female	3.Date of birth													
4. Nationality																
5. Academic Qualification with year																
Course/Degree	Specialization	Name of Institute / University	Location	Graduation (Month/Yr.)	Aggregate Marks(% or CGPA)											
6. Designation																
7. OFFICIAL ADDRESS																
1. Department																
2. Institution																
3. Address																
4. City																
5. Pin code																
6. State																
7. Telephone (with area code)																
8. Fax (with area code)																
9. Email																
10.Mobile																
8. RESIDENTIAL ADDRESS																
1.Address																
2.City																
3.Pincode																
4.State																
5.Telephone (with area code)																
6.Fax :(with area code)																
7.Email																
8.Mobile																

9. ADDRESS FOR COMMUNICATION (Please tick choice)

Official	Residential
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10. Professional Experience:

1. Previous Employer 1			
2. Job Title		Duration	
3. Previous Employer 2			
4. Job Title		Duration	
5. Present Employer			
6. Job Title		Duration	

11. Field of Expertise/Areas of interest:

1.....	2
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Posting Classification: Tick Appropriate

1. M. Sc MLT as Medical Laboratory Consultant (Specializations: Microbiology and Immunology, Clinical Biochemistry, Histopathology, Cytology and Cytogenetics, Hematology and Transfusion Technology)	<input type="checkbox"/>
2. B. Sc MLT as Medical Laboratory Technologist	<input type="checkbox"/>
3. DMLT as Medical Laboratory Technician	<input type="checkbox"/>
4. VHSE MLT as Laboratory Assistant	<input type="checkbox"/>

Registration Fee

1. M. Sc MLT : 1000/-	1000/-
2. B. Sc MLT : 750/-	750/-
3. M. Sc MLT : 1000/-	500/-
4. VHSE MLT : 500/-	500/-

Undertaking by Applicant

I hereby apply for membership of Clinical Laboratory Professionals Association (CLPA-INDIA) and if elected agree to comply with and be bound by the functionality map and bylaws of CLPA.

I tender here with the sum of /- being membership

Signature of applicant..... Date..... Place.....

Recommendation by a member of CLPA

I have verified the information given in this application that are true and to the best of my knowledge. He /She fulfils eligibility requirement for becoming a member of CLPA.

I recommend that.....
be accorded the membership of the CLPA.

.....
Name & Signature of the member. Date:

CLPA Membership No :

Place :

OFFICE USE ONLY

Membership of M/s.....

Approved by the Executive council meeting held on.....

at..... and the assigned membership no.

is..... Membership subscription Rs.....

(MO no. dated.....of.....

Signature of treasurer

Signature of secretary

Date.....

INSTRUCTIONS

- 1) Registration will not be allowed if the degree/Diploma/certificate /course were issued from a college/institute /university not recognized by the Government for which the registration is sought
- 2) Applicant shall remit a desired amount of Rs. (for each Posting Classification) as MO drawn in favour of Abdul Afsar Shah T A, CLPA as Registration fees.
- 3) Registration fee will not be refunded at any reason.
- 4) Applicants who want to register in the following Posting Classification shall submit their application before the official address of CLPA
- 5) Attach separate covering letter together with the application for registration.
- 6) If you have changed your name through marriage or deed poll please include certified copies of appropriate certificates.
- 7) The following documents should be enclosed with the duly filled application form in the order below
 - a) Registration fee.
 - b) Attested copy of SSLC or equalent qualification to prove the date of birth
 - d) Attested copy of +2 mark list or equalent qualification .
 - e) Attested copy of qualifying technical qualification for which registration is sought (2 copies).
 - f) Attested copy of all additional qualification for which registration is sought (2 copies).
 - g) Two recent passport size photographs.