INDIACLEN

INDIACLEN MEMBERSHIP FORM

Name _____

Age_____

Designation: _____

CEU Affiliation_____

Department to which attached_____

_____

Official Address for Correspondence _____

_____

Personal Address for Correspondence _____

_____

Phone (O) _____ **Phone (R)**_____ **Cell Phone** _____

Fax_____ **E-Mail** _____

IndiaCLEN Membership:

☐ **Life Members**

i) Any person, who holds a post-graduate degree/diploma in epidemiology and related disciplines (Biostatistics, Health Social Sciences and Health Economics) and is a member of the CEU.

ii) Any associate member of IndiaCLEN with a minimum of five publications in peer-reviewed journals is eligible to seek life membership of IndiaCLEN. The curriculum vitae of such persons will be reviewed by the IndiaCLEN office bearers, and if found suitable, would be recommended to the Governing Body for admission as a life member.

iii) Membership fees Rs. 1000/-

Requirements for the IndiaCLEN Membership

(Please tick the appropriate box)

Life Member:

Specialization :

Post Graduate/Diploma in epidemiology ☐

Post Graduate/Diploma in Biostatistics ☐

Post Graduate/Diploma in Health Social Sciences ☐

Post Graduate/Diploma in Health Economics ☐

Minimum 5 publications in peer reviewed journals **Yes** ☐ **No** ☐
(If yes, attach the publications list)

No 16/8, Plot No 172, 22nd Cross Street, Indira Nagar, Adyar, Chennai-600020
Phone: 044-24422477, 044 - 42115498, Fax: 044-24422477, E-mail : indiaclen@airtelbroadband.in,
india_clen@yahoo.co.in, Web: www.indiaclen.org