AHSAS: Association for Health Systems Analysis and Strengthening

Head Office: Dr Arun K Aggarwal, School of Public Health, PGIMER, Chandigarh- 160012.
Email: ahsas.pgichd@gmail.com

Membership Form

(**PP size colored photograph**)

Full Name:- ....

Father/Mother/Spouse's Name:- ....

Date of Birth:- .... Gender (M/F):- ....

Complete Postal Address:-

House/ Street No./Name ....

Name of Village/ City:-... Pin Code:- ....

Name of the District:-... State:- ....

Email:- ....

Landline number with STD Code:- .... Mobile Number:- ....

Professional Qualifications and Employment History:-

Highest Relevant Qualifications	**Year of Passing**	**University**
Current Employment Designation	**Employer's Name**	**Govt. or Private**
Past Employment, if Retired		

I hereby agree with the terms and conditions* of the Association. I will not indulge into any unlawful activity in the name of the Association. I am committed to contribute for Health Systems Improvement in the country.

(**Full signature of the Applicant**)

* For terms and conditions and objectives of association click the link:
https://www.luminpdf.com/viewer/GQkyfxBusx5dw7mWW/share?sk=0eb5b4c8-c8ea-46b2-aab2-5bbc5c4bc4ac

Membership Fee: Please deposit Rs 2500/- in bank **"State Bank of India**," Medical Institute Branch, Sector 12, Chandigarh, **IFSC code: SBIN0001524**. Account Number **36692574684,** in name of **"AHSAS-Association For HSAS"**

Details of Bank Cheque/Online Transfer...

***Life membership fee of Rs2500/- is valid for limited period. These members will be given appropriate discount on attending National Workshop cum CME on Health Systems Strengthening that is generally organized in November every year.*

Steps for membership: First fill the form, email scanned form to ahsas.pgichd@gmail.com with cc to aggak63@gmail.com. Once you get approval, then deposit membership fee in the bank