

**APPLICATION FORM  
for MEMBERSHIP OF  
S.A.T.H.I.**

**(Society for Administration of Telemedicine and Healthcare Informatics)**

To,  
Hony. General Secretary  
S.A.T.H.I.  
28/31 Old Rajinder Nagar, New Delhi 110060  
Phones: (011) 25852291, 25853090, 25860163  
Email: sec.[sathi@gmail.com](mailto:sathi@gmail.com)  
URL: [www.sathi.org](http://www.sathi.org)

Space for  
photograph

Sir,  
I request you to kindly enroll me as a Life member of S.A.T.H.I.  
I hereunder give my particulars

**Name in Full:**

**Qualifications:**

**Institution:**

**Designation:**

**Office Address, Telephone, Fax & E-Mail:**

**Residential Address, Telephone, Fax & E-Mail:**

Preferred Address for correspondence:  **Office**                       **Residential**  
(Check appropriate – Receipt will be sent at this address)

Best time suitable for contact \_\_\_\_\_ at Phone Number \_\_\_\_\_

**Areas & Fields of Work / Interest:**

I am enclosing herewith a crossed cheque / demand draft with Serial No.....  
of Bank.....Place.....Dated.....  
in favour of 'S.A.T.H.I.' payable at New Delhi for Rs...1000/-..(please add **Rs. 50.00** for **outstation cheques**)

Yours truly,

Signature with stamp or name in capitals.  
Designation.

Date:

You can also E Mail the filled form using a digitized photo, but make sure that a signed hard copy is also dispatched. Payment may also be made locally into our Axis Bank account - No 224010100034104

**Please go through the constitution of S.A.T.H.I. (attached) and provide a certificate as follows:**

I, Mr/Dr/Ms \_\_\_\_\_, have gone through the rules of the constitution of S.A.T.H.I. and hereby agree to abide by the said rules.

Signed  
DEPONENT

**Additional Information requested:**

Not mandatory but will help us all to create an appropriate slot for you in our organization.

- Please attach in 2 or 3 paragraphs about your activities relating to Telemedicine and Healthcare Informatics and in what way can you contribute to the activities of SATHI.
- Please indicate as to how much time can you spare for activities of our society.
- Are you willing to travel to places outside your home town for performing these activities?
- If so, please provide a certificate that the activities performed by you for the society shall be of a voluntary basis. (An honorarium may be provided only if the funding situation permits)