

Membership Form

Please e-mail the filled form to: india.editors@gmail.com;

Personal details

Salutation		Age	
Last name		First name	
Mailing address		Phone with code	
		Fax	
		Email	
Professional qualification			
Professional association	Institution		
	Department		
Category applied for: Full/ Associate/Foreign			

Journal details

Name	Website (URL)	Position in journal			Peer reviewed (Y/N)		4 issues in 2 years (Y/N)	
		Pubmed	DOAJ	IndMed	SCI	Scopus	Embase	
Listed in (Y/N)								

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		Pubmed	DOAJ	IndMed	SCI	Scopus	Embase	
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Kindly enroll me as a member of the Indian Association of Medical Journal Editors. I agree to abide by the Statutes of the Association

Signature

Date