

Fiji Institute of Medical Laboratory Science

"Promoting Continuous Education Research and Development"

TIN Number: 60-48447-0-5

P O Box 10637
Laucala Beach Estate
Fiji

President: Sakiusa Baleivanualala

Vice President Cent/East: Keshvi Lal Sukul PH: (+679) 9487379

Vice President West: Jignesh Sharma PH: (+679) 9259419

Secretary: Sharon Gaundan PH: (+679) 8601925

Assistant Secretary: Roddy Narayan PH: (+679) 9943940

Treasurer: Mustaqim Khan PH: (+679) 9245875

Assistant Treasurer: Premika Charan PH: (+679) 9326492



FIMLS Membership Registration Form- FIMLSF-01

Section A- Personal Details

Surname: _____ Given Name: _____ Other Names: _____

TIN Number: _____ Date of Birth: _____ Gender: _____

Contact Details: _____ Mobile: _____ Work: _____

Residential Address: _____

Postal Address: _____

Email Address: _____ Work Email Address: _____

Section B- Employment Details

Employer Name: _____ Position Held: _____

Employer Address: _____

Number of years at Current Position: _____ Years of Service: _____

Section C- Academic Qualification (Attach academic certification with application)

Qualification Obtained:

Name of Institution:

Fiji Institute of Medical Laboratory Science

"Promoting Continuous Education Research and Development"

TIN Number: 60-48447-0-5

P O Box 10637
Laucala Beach Estate
Fiji

President: Sakiusa Baleivanualala

Vice President Cent/East: Keshvi Lal Sukul PH: (+679) 9487379

Vice President West: Jignesh Sharma PH: (+679) 9259419

Secretary: Sharon Gaundan PH: (+679) 8601925

Assistant Secretary: Roddy Narayan PH: (+679) 9943940

Treasurer: Mustaqim Khan PH: (+679) 9245875

Assistant Treasurer: Premika Charan PH: (+679) 9326492



FIMLS Membership Registration Form- FIMLSF-01

Year of Graduation:

Publication/Reviews:

Professional Affiliations:

Section D- Membership Categories (place a tick beside your choice. Subscription fees are in FJD)

Medical Laboratory Scientist (Specialisation)- \$200

Student- \$30

Medical Laboratory Scientist- \$180

Laboratory Technician (Diploma Level)- \$150

Laboratory Assistant (Certificate Level)- \$130

Phlebotomist- \$100

Associate Membership (subject to approval)- \$80

Affiliate Membership- \$300

Fiji Institute of Medical Laboratory Science

"Promoting Continuous Education Research and Development"

TIN Number: 60-48447-0-5

P O Box 10637
Laucala Beach Estate
Fiji

President: Sakiusa Baleivanualala

Vice President Cent/East: Keshvi Lal Sukul PH: (+679) 9487379

Vice President West: Jignesh Sharma PH: (+679) 9259419

Secretary: Sharon Gaundan PH: (+679) 8601925

Assistant Secretary: Roddy Narayan PH: (+679) 9943940

Treasurer: Mustaqim Khan PH: (+679) 9245875

Assistant Treasurer: Premika Charan PH: (+679) 9326492



FIMLS Membership Registration Form- FIMLSF-01

Section E- Payment Details (write your name in the narration column of the deposit slip)

Bank Name: Bank of South Pacific

Account Number: 8166593

Account Name: FIJI INSTITUTE OF MEDICAL LABORATORY SCIENCE

Branch: Pacific House

BSB Code: 069002

Swift Code: BOSPFJFJ

Section F- Declaration

I understand and agree that:

- I have read, understood and answered all the questions and the particulars provided by me are true and correct.
- I hereby indemnify the FIMLS Executive Council from any liability whatsoever, including any loss of benefits that may arise as a consequence of approving my application.
- My application is subject to the provisions in the FIMLS Constitution and the AHP Decree and all such rules or guidelines that may be imposed from time to time.

Applicant Signature: _____

Date Signed: _____

Witness Signature: _____

Date Signed: _____

Name of Witness: _____

Address of Witness: _____

Designation of Witness: _____

Please Note: All Witness's Need to Have a Laboratory Background.

OFFICIAL USE ONLY

Date Received: _____

Received by: _____

Payment Receipt Number: _____

Date Amount Paid: _____

Date Amount Processed: _____

FIMLS ID Number Issued: _____

Application Approved

Application Rejected

FIMLS Secretary Signature: _____

FIMLS Treasurer Signature: _____

Executive Committee Member Signature: _____