

ASSOCIATION OF PRACTISING PATHOLOGISTS (INDIA)

Registration No: F 18080 (Mumbai)

Office: APPI Office, Anandashram Building, Shop No 5, Bhagat Lane, Mahim, Mumbai - 400016

MEMBERSHIP FORM

NAME (IN FULL): Dr. _____

QUALIFICATIONS : _____

MEDICAL COUNCIL: _____ REGISTRATION NO: _____

DATE OF BIRTH: _____ CORRESPONDENCE: CLINIC / RESIDENCE (MARK ONE)

ADDRESS: Clinic _____

Residence _____

TELEPHONE: Clinic _____ Residence _____

Mobile _____ Fax: _____

E-mail: _____ Alternate Email: _____

Special Interest: _____

I, Dr. _____ hereby confirm that I agree to abide by the rules and regulations of the Association.

I enclose cash / cheque No _____ for Rs. _____ /- drawn on _____ Bank towards the Life Membership (Rs 3000/-) / Student Membership (Rs 1000/- for 3 years) / Corporate membership (Rs 10000/- per year) / Associate Membership.

Date: _____

Place: _____

Signature

Please attach the following documents with the form:

1. Colour Passport size photograph (1 no.)
2. Self attested copy of Postgraduate qualification certificate
3. Self attested copy of Medical Council Registration certificate
4. Cheque to be drawn in favour of 'Association of Practicing Pathologists (India)'

FOR OFFICE USE ONLY:

Membership approved: Yes / No. If No, reason for rejection: _____

Registration No. : _____

Secretary

Treasurer