

MEMBERSHIP APPLICATION FORM
ASSOCIATION OF PHYSICIAN OF INDIA
RAJASTHAN CHAPTER

No.....

Date.....

To,
The Hon. Secretary,
Association of Physician of India,
Rajasthan Chapter

Please send
one more
Photograph
in addition.

Space for
Photograph
(Paste one Passport
size Photograph
here)

We Hereby Propose the Admission Of

Surname.....First Name.....Middle Name.....

Qualification

University.....

Year Of Obtaining Postgraduate Qualification.....

Address.....

..... Pin Code.....

Tel. No. Office..... Residence..... Mobile.....

E Mail.....Date of Birth...../...../.....Marriage Anniversary...../...../.....

Present Assignment.....

Central API No.....as a life members of association

To the best knowledge and belief the above particulars are correct, and we consider him/her a fit and proper person to be admitted as LIFE / ASSOCIATE LIFE member of the association.

Life subscription Rs. 2000/- (Rs. Two Thousands Only) (Inclusive Of Admission Fee)

Favored by bank draft/cheque (for outstation cheque please add. Rs 50/- extra as bank charges). In favor of ASSOCIATION OF PHYSICIANS OF INDIA, RAJASTHAN CHAPTER payable at KOTA.

Signature of proposer.....

Signature of proposer.....

Name.....

Name.....

Membership No.....

Membership No.....

Subject to approval of the governing body in an ordinary or a special meeting.

I agree to become a member/associate member and if admitted, to abide by the rules and regulations of the association.

Signature of candidate

Note by Hon. Secretary

N.B. Person applying for **life membership** of Rajasthan Chapter Must Be a Member of API Parent Body.

(IN BLOCK LETTERS)