

ASSOCIATION OF PHYSICIANS OF INDIA
KARNATAKA CHAPTER
NO.16/F API BHAVAN,MILLERS TANK BUND AREA,
VASANTHANAGAR, BANGALORE-560052

APPLICATION FOR LIFE MEMBERSHIP

We hereby proposes the admission of

1. Name (Use Block letters) :

2. Age and Date of Birth :

3. Address:

Office:

.....

.....

..... Pin

Residence:

.....

.....

..... Pin

(Send correspondence to Office/Residential address-tick choice)

Telephone/s Office..... Residence..... Mobile.....

Email / Fax

4. Qualification	Degree	University	Year
.....
.....
.....

(Please enclose copy of MD/DNB degree Certificate)

5. Experience	Appointment	Institution	period

6. Membership/Fellowship of other societies

Are you Life/Ordinary member of Central API – Yes/No
 If yes your Central Membership No:
 If yes your Medical Council No.

Signature:

Proposed by:

Seconded by:

**Membership fee to be sent by account payee D.D. payable
 To “ASSOCIATION OF PHYSICIANS OF INDIA”
 BANGALORE.**

**Address it to: The Hon. Secretary
 Association of Physicians of India
 Karnataka Chapter
 16/F, API Bhavan, Millers Tank Bund Area
 Vasanthanagar, Bangalore - 560 052**

API	D.D.Pay
Life	1000/-
Associate Life member	1000/-
PG student members	250/-
Corporate members	
(Separate D.D.for API / EDITOR,KJMS)	

FOR OFFICE USE ONLY

Date of receipt of application:

Accepted
