



API MEMBERSHIP APPLICATION FORM
PARENT BODY, MUMBAI

R/No. _____
Date _____
Membership No. _____

To,
The General Secretary
The Association of Physicians of India
Laud Mansion, 3rd Floor, 21, Maharshi Karve Road,
Opp. Charni Road Station (East), Mumbai -400 004.
Tel.: 382 9348 • **Fax:** (022) 389 5297 • **email :** api_ho@vsnl.com

We hereby propose the admission **(Block Letters)**

Name: _____
(Surname) (First name) (Middle Name)

Qualifications: _____
(Mention the branch of Medicine in which Postgraduate qualification is obtained)

University : _____

Year of obtaining first Postgraduate qualification: _____

Address: _____

City _____ District _____
State _____ PIN _____
Tel.(Office): _____ Tel.(Resi.): _____ Fax : _____
email : _____ Mobile /Pager : _____

as a LIFE LIFE ASSOCIATE member of the Association
(Please ✓ appropriate)

MEMBERSHIP FEES: Life Member /Life Associate Member: Rs.4, 000/-
plus Admission Fee: Rs.500/-. **Total:** Rs.4, 500/-

Details of payment: In favour of "Association of Physicians of India"
(Cheque*/DD /Cash).

Applicant's from outside Mumbai are requested to send Cheque /Demand Draft payable at Mumbai. (*For outstation cheques add Rs.75/-)

Note for proposer /secondar: To the best of our knowledge and belief the above particulars are correct, and we consider him/her a fit proper person to be admitted as a member of the Association.

Signature of Proposer
Name _____
Membership No. _____

Signature of Seconder
Name _____
Membership No. _____

Subject to the approval of the Governing Body in an ordinary or a special meeting, I agree to become a member and if admitted, to abide by the Rules and Regulations of the Association.

Signature of Candidate

Note by Secretary: Xerox copies of registration with Medical Council and Postgraduation Certificate by a recognised university should accompany the application form.

N.B. Kindly read carefully the rules and regulations printed overleaf before filling this form.