



API Membership Application Form

For Office use only

R/No. _____

Date _____

Membership No. _____

To,
The General Secretary
The Association of Physicians of India
Turf Estate # 6 & 7, Off Dr. E. Moses Road,
Opp. Shakti Mills Compound, Near Mahalaxmi Station (West), Mumbai 400 011.
Tel : (022) 6666 3224 / 2491 2218 • Fax : (022) 2492 0263 • e-mail : api_ho@vsnl.com • www.apiindia.org

We hereby propose the admission

Name (Surname)

First name _____ Middle Name _____

(B L O C K L E T T E R S)

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 : _____

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

MEMBERSHIP FEES : Life Member / Life Associate Member : Rs.4,000/- plus admission fees Rs.1,000/-.
Total Rs.5,000/-

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.100/-**)

Note for proposer / seconder : 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

Signature of Seconder

Name _____

Name _____

Membership No. _____

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.