

APPLICATION FORM FOR MEMBERSHIP OF API, W.B.BRANCH



For office use only	
No.	_____
Date	_____
Receipt No.	_____

To,
 The Honorary Secretary
Association of Physicians of India (West Bengal Branch)
 MOON PLAZA, 62, Lenin Sarani, 2nd Floor, Flat No.-2D, Kolkata - 700 013.
 Tel.: (033) 2227 6048 • E-mail: apiwbb@gmail.com

We hereby propose the admission of

(BLOCK LETTERS)

Name (in full) : _____

API Central Membership Number : _____

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

University : _____

Year of obtaining first Postgraduate qualification: _____

Address : _____

_____ PIN

Tel (office): _____ Tel (Resi): _____ Fax: _____

Mobile: _____ E-mail: _____

as a LIFE / ASSOCIATE member of the Association.
 (Please ù appropriate)

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

LIFE MEMBER Subscription : Rs. 1,500/- + Rs. 270/- (GST) = Rs.1,770/-

Rupees _____ is herewith forwarded by Bank Draft/Cheque (in favour of "Association of Physicians of India, West Bengal Branch"; for outstation cheque please add Rs 50/- extra as bank charges).

 Signature of Proposer
 Name _____
 Membership No. _____

 Signature of Seconder
 Name _____
 Membership No. _____

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 CERTIFICATES OF REGISTRATION WITH MEDICAL COUNCIL, POSTGRADUATION FROM A RECOGNISED UNIVERSITY & CENTRAL API MEMBERSHIP, SHOULD ACCOMPANY THE APPLICATION FORM.