



API (Malwa Branch) Membership Application Form

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0164-2215400, 94178-45101

To,
The Chairman,
Association of Physicians of India (Malwa Branch),
Kishori Ram Hospital Building,
Kishori Ram Road, Basant Vihar,
Bathinda -151001, Punjab.

Dear Sir / Madam

Please find my application overleaf duly proposed and seconded for admission as Member / Associate Member of API (Malwa Branch) along with necessary photocopies of my PG Degree from recognised university, Medical Council Registration and Membership fee as per details given below.

Kindly find the same in order and get my admission form processed. Once admitted to the folds of API (Malwa Branch), I shall abide by all its rules and regulations in force.

Yours sincerely,

(Signature & Name of Candidate)

Date: _____

Enclosed Membership Fee Details : Rs.....Cash/Cheque/DD No.....

Dated.....Drawn on.....(Bank & Branch)

Membership Fees : Member / Associate Member : Rs. 2000/- Cash / DD / Cheque should be drawn in favour of "Association of Physicians of India" (Malwa Branch) payable at Bathinda.

(For outstation cheque add Rs. 50/-)

Eligibility Criteria for Membership of API (Malwa Branch)

Members : Members are required to possess a postgraduate degree such as MD/DNB, DM, or equivalent in Internal Medicine from any institution University recognized by the Council of India and / approved by the Governing Body of the Association. MD General Medicine / Internal Medicine includes specialities such as Cardiology, Gastroenterology, Diabetology, Nephrology, Neurology, Clinical Haematology, Chest & Tuberculosis, Endocrinology, Gerontology, Infectious Diseases, Allergy, Immunology, Rheumatology, Medical Oncology and others approved by the Governing Body and duly notified by the General Body. (membership shall be open to citizens of India only)

Associate Members : A person holding a postgraduate degree or diploma recognized by Medical Council of India in any branch of medical science who is not eligible for membership shall be enrolled as a Associate Member. Associate Members shall have no voting rights, nor the rights to propose, second any one or contest for any office of the Governing Body. Associate Members of the Association are not eligible for any oration, lectureship or any other award of the Association.



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(This form will be scanned. Please write in black ink only and within the space provided)

Surname _____

First Name _____

Middle Name _____

Date of Birth / / Male Female

Postgraduate Degree (MD/DNB) _____
Branch of Medicine _____ Year _____

PAN No. _____ Signature of Applicant → _____

University _____

Medical Council _____ Regn No. _____

Hosp. Affiliation 1 _____

Hosp. Affiliation 2 _____

Mailing Address _____

City _____ PIN _____

State _____

Tel (Off) _____

Tel (Home) _____

Mobile _____

Email _____

Membership Type Member Associate Member

Proposed by _____ M/No. _____

Seconded by _____ M/No. _____

Signature of Proposer

Signature of Seconder

For Office Use Only

Note by Office Secretary

R/No.	_____	Date	_____ 2 0 1 _____	Amount	_____
Approval Date	_____ 2 0 1 _____	API Membership No:	_____		