

INDIAN ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS

PROPOSAL FOR MEMBERSHIP OF THE ASSOCIATION

Please fill in the form with block letters in blue or black ink or type.
Kindly, read the instructions at the back of this page and sign the under taking.

[illegible]

2. Date of Birth :

3. Age at Application (Attach Proof)

4. Gender

M	F
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[illegible][illegible]

7. Academic Qualifications, beginning with graduation (attach Proof) :

Sl.	Degree	Year of Qualification	University/Board
01			
02			
03			
04			

8. Present Designation and Occupation (Please indicate appropriate circle ☒ and Provide details)

☐ Student/ ☐ Research Scholar / ☐ Senior Resident / ☐ Faculty / ☐ Consultant / ☐ Practice / ☐ Affiliated member
 (Enclose Certificate of Proof from Head of Department in the Case of Students/Scholar/Residents / Affiliated Member)
Indicate IAMP life member No. of HOD

9. TOTAL EXPERIENCE IN SUBJECT Yrs. 10. SPECIALIZATION : Pathology/Microbiology

11. SPECIAL INTEREST/SPECIALIZATION :

12. Membership applied for : Honorary/ Associate/Affiliated/Ordinary / Life (Direct)/Life (Existing ordinary member)

13. IAPM Membership Number[for existing members only]

14. This application is proposed by the following who are life members of the association :

Sl.	Name of the Proposer	IAPM Life Membership	No. Signature
01			
02			

15. DETAIL OF PAYMENT [Bank draft payable to the Indian Association of Pathologist and Microbiologists at cuttack]

Amount (Rs.) _____ Draft No. _____ Dated : _____ Bank and Branch Name : _____

16. Undertaking : I, _____, an applicant to the Associate / Affiliated/Ordinary/Life Membership of Indian Association of Pathologist and Microbiologists hereby attest that the informations provided are true to the best of my knowledge and belief. On acceptance of my membership, I shall abide by the rules of the association and shall strive to upload the dignity and objectives of the association. I also agree to pay the membership fees and other dues as required from time to time.

For Office Use only :

Receive on : Verified on : Draft Amount : Money Receipt No. : Treasury :
Remarks by Secretary Office : GBM Ratification : Accepted/Rejected on :

Kindly send the Proposal form complete in all respects with the enclosures to :
Dr. Jayasree Rath, Hon. Treasurer, IAPM House, Chahata, Bidanaj, Cuttack, 753014, Orissa