

ASSOCIATION OF PHYSICIANS OF INDIA-TELANGANA STATE CHAPTER

For office use only

Date _____

Membership No _____

R/No _____ BTC



PHOTOGRAPH

API Membership Application form

To,
The General Secretary
The Association of Physicians of India
Telangana state chapter
We hereby propose the admission

NAME _____

Surname _____ Middle Name _____

Age _____ Sex _____ D.O.B _____

Qualifications _____

University: _____

Year of obtaining first Postgraduate qualification _____

Address: _____

City _____ District _____

State _____ PIN _____

Tel. (Office) _____ Tel. (Resi) _____ Fax _____

Email _____ Mobile _____

API LIFE MEMBERSHIP NUMBER _____

as a ☐ LIFE ☐ LIFE ASSOCIATE member of the Association ☐ POST GRADUATE MEMBERSHIP

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, API membership No and Postgraduation Certificate by a recognized university should accompany the application form For PG letter from head of the institution should accompany the application form with clear dates of joining the department and MBBS certificate (Xerox copies)



Merchant Name : THE ASSOCIATION OF PHYSIC

UPI ID : 9849010915@sbi



भारत 2023 INDIA

वसुधैव कुटुम्बकम्

ONE EARTH • ONE FAMILY • ONE FUTURE