

(Annexure 1)

PH: 22353525

ASSOCIATION OF PHYSICIANS OF INDIA
KARNATAKA CHAPTER
NO.16/F API BHAVAN, MILLERS TANK BED AREA,
VASANTHANAGAR, BENGALURU-560052
Email Id : apikarnataka@gmail.com
Website : www.apikarnataka.org

APPLICATION FOR MEMBERSHIP

Affix One
Passport Size
Photo Self
Attested

We hereby proposes the admission of

1. Name (Use Block letters) :
2. Age and Date of Birth :
3. Address for Communication :
-
-
-

Telephone/s Office Residence Mobile

Email / Fax:

| 4. Qualification | Degree | University | Year |
|------------------|--------|------------|-------|
| | | | |
| | | | |
| | | | |

(Please enclose copy of MD/DNB degree Certificate)

5. API Central Membership No:
6. Karnataka Medical Council Registration No:
(Please Enclose Copy of KMC Registration)

6. Membership / Fellowship of other societies

Signature:

Proposed by:

Seconded by:

Membership fee to be paid by Cash / Cheque / D.D. payable
To "ASSOCIATION OF PHYSICIANS OF INDIA"
BENGALURU. Or By Digital Payment as Under

Bank : State Bank of India
Account No : 54018112794
Account Name : Association of Physicians of India, Karnataka Chapter
Branch : Cunningham Road
IFSC Code : SBIN0040353

(Note : Please enclose one Passport Size Photograph along with this application)

| API | Fee | GST 18% | Total |
|---|-------|---------|-------|
| Life | 2,000 | 360 | 2,360 |
| Associate Life member | 2,000 | 360 | 2,360 |
| PG student Members | 500 | 90 | 590 |
| Existing PG Member Applying For Life Membership after MD | 1500 | 270 | 1,770 |

FOR OFFICE USE ONLY

Date of receipt of application:

Accepted
