

(Annexure 1)

**GOLDEN JUBILEE CELEBRATION YEAR 1975 - 76 TO
2025-26**

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 FOR ONLY API
CENTRAL MEMBERS**

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:

FOR OFFICE USE ONLY

Date of receipt of application:

Accepted
