

<b>For Office use only</b>	
R/No.	_____
Date	_____
Membership No.	_____



PHOTOGRAPH
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## API Membership Application Form

To,  
 The General Secretary  
**The Association of Physicians of India**  
 Turf Estate # 6 & 7, Off Dr. E. Moses Road, Opp. Shakti Mills Compound, Nr. Mahalaxmi Station (West), Mumbai 40011  
 Tel : (022) 6666 3224 / 2491 2218 • Fax : (022) 2492 0263 • e-mail : api.hdo@gmail.com • www.apiindia.org

We hereby propose the admission

Name (Surname) \_\_\_\_\_

First name \_\_\_\_\_ Middle Name \_\_\_\_\_

**( BLOCK LETTERS )**

Qualifications : \_\_\_\_\_  
 (Mention the branch of Medicine in which Postgraduate qualification is obtained)

University : \_\_\_\_\_

Year of obtaining first Postgraduate qualification : \_\_\_\_\_

Address : \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ PIN \_\_\_\_\_

Tel. (Office) : \_\_\_\_\_ Tel. (Resi.) : \_\_\_\_\_ Fax : \_\_\_\_\_

email : \_\_\_\_\_ Mobile : \_\_\_\_\_

as a  LIFE  LIFE ASSOCIATE member of the Association  
 (Please ✓ appropriate)

**MEMBERSHIP FEES : Life Member / Life Associate Member : ₹ 7,500 plus admission fees ₹ 1,100.  
 Total ₹ 8,600.**

**Details of payment :** In favour of "Association of Physicians of India" (Cheque\* / DD / Cash). Applicant's from outside Mumbai are requested to send Cheque / Demand Draft payable at Mumbai. (\*For **outstation cheques** add ₹ 100)

- I hereby direct The Association of Physicians of India to transfer ₹ 7,500 to the Corpus Fund and the balance of ₹ 1,100 for admission fees.
- I hereby state that the above information given is true and correct.

Note for proposer / seconder : To the best of our knowledge and belief the above particulars are correct, and we consider him/her a fit proper person to be admitted as a member of the Association.

\_\_\_\_\_  
 Signature of Proposer

\_\_\_\_\_  
 Signature of Seconder

Name \_\_\_\_\_

Name \_\_\_\_\_

Membership No. \_\_\_\_\_

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 and Postgraduation Certificate  
 by a recognised university should accompany the application form

N.B. Kindly read carefully the rules and regulations printed overleaf before filling this form.

## **Rules & Regulations of the Association Regarding Admission of Life Members / Associate Members**

### **LIFE MEMBERS**

: Life Members are required to possess a post-graduate degree such as MD/DNB, DM, or equivalent in internal medicine from any institution or university recognised by the Medical Council of India and/or 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 notified by the General Body. Life membership shall be open to citizens of India only.

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