



**ASSOCIATION OF PHYSICIANS OF INDIA**  
**ODISHA STATE BRANCH**

**LIFE MEMBERSHIP APPLICATION FORM**

Office use only

No. OL .....

A.P.I. Membership No.....

(National)

Full Name in Block Letters :

Age :                      Sex :

Designation :

Date of Birth :

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Recent Passport  
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Permanent Address :

Address for Correspondence :

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| Academic Qualification                         | University / Institute / Board | Year |
|--|--------------------------------|------|
| M.B.B.S  | ...                            | ...  |
| M.D. (Gen. Medicine)                           | ...                            | ...  |
| Any other additional qualification (With year) | ...                            | ...  |
|  | ...                            | ...  |

Landline Telephone No. (with STD Code) :

Mobile :

E-mail :

Membership Fees paid by : Cash / Bank Draft / Crossed Cheque :

(Payable to API Odisha State Branch at Cuttack)

**Declaration :**

The facts mentioned above are true to the best of my belief and knowledge and I pledge to be a member of this academic body and shall abide by the provision of its constitution.

Date : .....

Place : .....

*Signature*