



ASSOCIATION OF PHYSICIANS OF INDIA ODISHA STATE BRANCH

ASSOCIATE 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 :

Please paste
Recent Passport
size Color
Photograph

Permanent Address :

Pin Code _____

Address for Correspondence :

Pin Code _____

Academic Qualification**University / Institute / Board****Year**

M.B.B.S

...

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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)Account No : 10145482508, IFS Code : SBIN0005760State Bank of India, SCB Medical College Campus, Managalabag, Cuttack - 753007**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***Life Membership Fee :**As Amended in 2017-18 the Life Membership Fee : Rs.2000/-**Eligibility for Membership :****Life Member** _ One must have completed Post graduation in DNB in Medicine.**Associate Member** _ A Post graduate in Medicine can apply with the life membership fee for associate member.

After submission of completion certificate from the concerned institution, they will be converted to Life Member automatically.