



**INDIAN ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS -
TAMILNADU AND PONDICHERRY CHAPTER
PROPOSAL FOR MEMBERSHIP OF THE ASSOCIATION**



1. NAME (IN FULL):
2. DATE OF BIRTH:
3. AGE OF APPLICATION:
4. GENDER:
5. PERMANENT ADDRESS:
(WITH EMAIL AND MOBILE NO.)
6. PRESENT ADDRESS:
(WITH EMAIL AND MOBILE NO.)
7. ACADEMIC QUALIFICATIONS, BEGINING WITH GRADUATION (ATTACH PROOF):

| SL NO | DEGREE | YEAR OF QUALIFICATION | UNIVERSITY/BOARD | MEDICAL COUNCIL REGISTRATION NO./STATE/MCI |
|-------|--------|-----------------------|------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. PRESENT DESIGNATION AND OCCUPATION:
STUDENT/RESEARCH SCHOLAR/SENIOR RESIDENT/FACULTY/CONSULTANT/PRACTICE
(ENCLOSE CERTIFICATE OF PROOF FROM HOD IN CASE OF STUDENTS/SCHOLAR/RESIDENT)
INDICATE IAPM AND IAPM TN & PONDICHERRY LIFE MEMBER NUMBER OF HOD
9. TOTAL EXPERIENCE IN SUBJECT :
10. SPECIALIZATION: PATHOLOGY/MICROBIOLOGY
11. SPECIAL INTEREST/SPECIALIZATION:
12. MEMBERSHIP APPLIED FOR:
13. IAPM MEMBERSHIP NUMBER: (FOR EXISTING MEMBERS ONLY):
14. THE APPLICATION IS PROPOSED BY THE FOLLOWING WHO ARE LIFE MEMBERS OF THE ASSOCIATION:

| SL NO | NAME OF THE PROPOSER | IAPM TN & PONDICHERRY LIFE MEMBERSHIP NO. | SIGNATURE |
|-------|----------------------|---|-----------|
| 01 | | | |
| 02 | | | |

15. UNDERTAKING: I _____, an applicant to the Associate/Life Membership of the IAPM Tamilnadu and Pondicherry Chapter, hereby attest that the informations provided are true to the best of my knowledge and belief. On acceptance of my membership, I shall abide by the rules of the association and shall strive to uphold the dignity and objectives of the association. I also agree to pay the membership fees and other dues as required from time to time.

Date

Place

Signature

Attested from two life members of the Association

Signature:

Name with Life membership No:

Mobile No:

Signature

Name with Life membership No:

Mobile No: