



**API – KERALA CHAPTER
APPLICATION FOR LIFE MEMBERSHIP**

Receipt No:.....

Date:.....

1. NAME in full (Capital letters) :
2. Date of Birth :
3. Qualification (with Branch) :
4. Year of obtaining Post Graduate
Qualification
5. University :
6. Permanent Address with Phone No :
7. Address for Correspondence with Phone No:

PIN CODE:

8. Hospital attachment :
9. Area of special interest :
10. Mobile Phone / Fax / E-Mail:

To the best of our knowledge and belief the above particulars are correct and we consider him / her a fit and proper person to be admitted as a member of the association

Proposer: Name:

Secunder: Name:

Signature

Signature

(Proposer and Secunder must be Life Members of API Kerala Chapter)

Subject to approval of the Executive Committee of Kerala Chapter API, I agree to become a member, and if admitted to abide of the rules and regulations of the association.

Signature of Applicant

Signature of Secretary

Date:

Date:

NOTE:

1. Life membership fee is Rs.2000/- as demand draft or cheque payable at Pala to **The Treasurer, API Kerala Chapter** (includes of admission fee Rs.50/-), for outstation cheque charge of Rs.100/-must be added. No annual subscription thereafter.
2. No person shall be qualified to be admitted as a member of the Association unless he / she is a person who has obtained Postgraduate Degree in Internal Medicine, as recognized by the Medical Council of India or equivalent as approved by the Governing Body of API (Kerala Chapter) provided that he / she is not engaged in a general or dispensary practice. Internal Medicine includes specialities such as Cardiology, Gastroenterology, Chest & TB, Psychiatry, Clinical Haematology, Nephrology, Infectious Diseases, Paediatric Medicine, Gerontology, Dermatology, Endocrinology, Diabetology, Neurology and Radiation Medicine etc.

Mail to Dr. G. Harish Kumar Hon. Secretary, API Kerala State Chapter

Senior Physician, IHM Hospital Bharananganam, Pala, kottayam Dist- 686578

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