

API ASSAM STATE CHAPTER
(REGISTERED UNDER SOCIETIES ACT XXI OF 1860)
No. RS/DIB/257/A/32 OF 2007
MEMBERSHIP APPLICATION FORM
HEAD QUARTER : DIBRUGARH

Affix your
passport size
photograph

To,
The general Secretary,
API, Assam Chapter

For Office use only

R/No.....

Date.....

Membership No.....

We hereby propose the admission
Name (Surname)

Name (Surname)

First name Middle Name

Qualification
(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.).....Mobile.....

Fax.....E.Mail.....

API Membership :

As a ☐ LIFE
(Please ✓ appropriate)

☐ LIFE ASSOCIATE member of the Association

MEMBERSHIP FEES : Life member - 2500/- , Associate Member - 1500/-

Details of payment : In favour of "API Assam Chapter" (Cheque /DD/cash)(for outstation cheques add Rs. 75/-)

Note for proposer : 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

Name

Life membership No.(API).....

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 Post graduation Certificate by a recognized university should accompany the application form

N.B. To obtain membership of the State prior membership of API is mandatory

API Assam Chapter: Mailing Address Secretariat for correspondence

H.Q. Secretary, Department of Medicine, Assam Medical College, Dibrugarh, PIN 786002, Assam, India
Cell Phone : (91) 98540 93792 (Dr. Tridip Kr. Das) , (91) 95350 30504 (Dr. Bipul Ch. Kalita)
Email : contact@apiassam.com, drtridip2022@gmail.com , drbckkalita@gmail.com
Website : www.apiassam.com