



INDIAN ASSOCIATION OF PATHOLOGISTS &
MICROBIOLOGISTS CHHATTISGARH CHAPTER



APPLICATION FORM

1. Name : _____
2. Address(Res.) : _____
Address(Off.) : _____
Telephone(Res.) : _____ (Off.) : _____
3. Email : _____ Gender : _____
Date of Birth : _____ Age : _____ (Yrs.)



4. Academic Qualification

Degree/Diploma	Year	University/Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Present Designation/Occupation : _____
6. Special Interest : _____

(SIGNATURE)

NOTE:

Rs. 3000/- Life Membership payable by **Cash/DD** on the Name of **Association of Pathologist & Microbiologist, Chhattisgarh Chapter**

NOTE:

Please give your address for correspondence so that circulars can be sent regularly at a permanent address in case of change in job.

FOR OFFICE USE ONLY

Received _____
Receipt No. _____ Amount _____
Membership No. _____

(SECRETARY)

(TREASURER)

Important Details:-

The money can be deposited in the bank account. Details as follows

Name: **Association of Pathologist & Microbiologist, Chhattisgarh Chapter**

A/C No: **34368897282**

Branch: **Hospital Area Branch; Bhilai.**

Bank: **SBI**

IFSC code: **SBIN0004678**

Documents to be submitted along with Draft/Cheque/Cash

1. Two photographs
2. Photocopy self attested of Degree /Diploma

Address of Correspondence;

Dr Gurmeet Singh /Dr RajuBhaisare

Room No 22;

Department of Pathology

J.L.N.Hospital & Research Centre

Sector 9, Bhilai.

Chhattisgarh 490006

The envelop should be marked as 'Membership application'