



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:
4. GENDER:
5. PERMANENT ADDRESS:
(WITH EMAIL ID AND MOBILE NO)

6. PRESENT ADDRESS:
(WITH EMAIL ID AND MOBILE NO)

7. ACADEMIC QUALIFICATION, BEGINNING WITH GRADUATION (ATTACH PROOF):

S. NO	DEGREE	YEAR OF QUALIFICATION	UNIVERSITY/ BOARD	MEDICAL COUNCIL REGISTRATION NUMBER / STATE/ MCI

8. PRESENT DESIGNATION AND OCCUPATION:
STUDENT/RESEARCH SCHOLAR/SENIOR RESIDENT/FACULTY/CONSULTANT/PRACTICE
(ENLCOSE CERTIFICATE OF PROOF FROM HOD IN CASE OF STUDENTS/SCHOLAR/RESIDENT)
(INDICATE IAPM AND IAPM TN & PONDICHERRY LIFE MEMBERSHIP 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. UNDERTAKING: I _____, an applicant to the Associate/ Life Membership of the IAPM Tamilnadu and Pondicherry Chapter, hereby attest that the information 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