



INTERNATIONAL ACADEMY OF PATHOLOGY – INDIAN DIVISION PROPOSAL FOR ASSOCIATE MEMBERSHIP

Name..... Date.....

Address.....

Date and Place of Birth.....

Education, degrees (indicate Institution and dates).....

If PG student indicate Course (MD, DCP, etc), Institution, and year of PG ship.....

Documents attached:

- a) Letter from HOD / PG Guide attesting to applicant being PG student..... Yes / No
- b) Xerox of Photo identity (like College photo ID card, any other valid photo identity).....Yes / No

Training (indicate place and dates of any specialized training in Pathology).....

Titles (teaching, hospital or others, if any).....

Signature:

As a member of the International Academy of Pathology, I nominate and support this applicant who has met all the requirements for the Associate membership of the International Academy of Pathology. The applicant is interested in all the objectives of the Academy including the advancement of teaching and research in Pathology.

Proposed by.....
(Signature of Member) (Name and address of Member)

Seconded by.....
(Signature of Member) (Name and address of Member)

(To be signed only by members of the International Academy of Pathology)

Note: (1) Demand Draft for Rs. 250 (if Cheque then Rs. 275) in favour of “**Secretary / Treasurer, IAP – Indian Division**” (DD payable at “Trivandrum” to be sent along with Membership form to – Dr. Krishna Balachandran Nair, Secretary & Treasurer IAP-ID, Gayathri, TC 15/511, USRA 56, U. S. Road, Vellayambalam, Trivandrum – 695010, Kerala
 (2) Associate membership are governed by the rules of the International Academy of Pathology (IAP) and the IAP – Indian Division. Associate members do not have voting rights and other statutory rights of full members and will strive to become full members of IAP-ID on attaining their Post Graduate qualification.