



## INTERNATIONAL ACADEMY OF PATHOLOGY – INDIAN DIVISION PROPOSAL FOR MEMBERSHIP

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

Address.....

.....

Date and Place of Birth.....

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

.....

Training [indicate place and dates and specify training in pathology]:

Titles [teaching, hospital and others]

Signature:

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

Proposed by:

Signature:

Name of address and member

Seconded by:

Signature:

Name of address of member:

[To be signed only by members of the International Academy of Pathology]

**Membership Fee:** Rs. 400 / year [ Cheque: Rs. 425] and Rs. 2000 / 5 years [ Cheque: Rs. 2075]  
Demand Draft / Cheque in favour of " Secretary / Treasurer, IAP-Indian Division", payable at "Trivandrum".

**Mail to:** Dr. Krishna Balachandran Nair, Secretary & Treasurer IAP-ID, Gayathri, TC 15/511, USRA 56,  
U. S. Road, Vellayambalam, Trivandrum – 695010, Kerala

[ Form downloaded from <http://www.iapid.org> ]