



# INTERNATIONAL ACADEMY OF PATHOLOGY – INDIAN DIVISION

## PROPOSAL FOR MEMBERSHIP

For Office use only
Membership No: <b>IAPID</b> / _____ / _____
Recd. Date: _____ / _____ / _____
Accepted Date: _____ / _____ / _____

**Name** (First Name) \_\_\_\_\_  
(Block Letters) (Middle Name) \_\_\_\_\_  
(Surname) \_\_\_\_\_

Please attach latest color  
passport size photograph

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Place of Birth** \_\_\_\_\_ **Gender (M/F)** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel.** \_\_\_\_\_ **Mob** \_\_\_\_\_

**Email** \_\_\_\_\_

If the members have any reservations regarding publishing of their phone/mobile numbers and/or Email ID in the address book please indicate so by checking (✓) the appropriate box below. If not, please leave them unchecked.

☐ Don't publish my phone/mobile number in address book

☐ Don't publish my Email ID in address book

**City** \_\_\_\_\_ **PIN** \_\_\_\_\_

**State** \_\_\_\_\_

### Academic Qualifications, beginning with graduation (Attach Proof)

S.No.	Degree	Year of Qualification	Institute/ University

### Training (Specialized in Pathology)

S.No.	Place	Date	Specify the type of training

### Affiliations

S.No.	Titles	Place (Institute, Hospital and Others)

Signature of the Applicant

### NOMINATION

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.

	Name & Place	IAP-ID Membership No.	Signature
Proposed by			
Seconded By			

### Payment Details

#### Membership Fee:

Annual Membership Fee : Rs.1000

Five Year Membership Fee : Rs.5000

Please send the membership fee by DD / Cheque drawn in favour of

"SECRETARY & TREASURER, IAP-INDIAN DIVISION" payable at "Bhopal".

#### For Online Transfer of Membership Fee:

Secretary Treasurer IAP- Indian Division

Punjab National Bank Jumerati Branch, Bhopal - 462001

Account Number - 3632000100082636

For NEFT Transfer - MICR Code - 462024007

IFSC Code - PUNB0167300

Mail the duly filled forms along with required  
attachments and Demand Draft to:

**Dr. REENI MALIK**  
Professor and Head,  
Department of Pathology  
Gandhi Medical College Bhopal, M.P., 462001  
Email : reenimalik@yahoo.co.in

Transaction  
Detail

UTR No.

Date:

Bank:  
Branch: