



**INTERNATIONAL ACADEMY OF PATHOLOGY
- INDIAN DIVISION**

PROPOSAL FOR MEMBERSHIP

For Office use only
Membership No: IAPID / _____ / _____
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 Dr Megha Uppin Account Number - 3632000100082636 For NEFT Transfer- MICR Code-500024012 IFSC Code - PUNB0363200	Mail the duly filled forms along with required attachments and Demand Draft to: Dr Megha Uppin Professor and Head, Department of Pathology Nizam's institute of medical science Punjagutta Hyderabad 500082, Email: Secretary.IAPID25@gmail.com
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Transaction Detail	UTR No.	Date:	Bank: Branch:
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