

Association of Physicians of India DK Chapter (R)

First Floor, IMA House, IMA Building,
Hampankatta, Mangalore - 575 001

Email : apidk2013@gmail.com

Membership Application Form

Name (Use Block Letters) :

Age and Date of Birth :

Address :

Residence :

Clinic :

Contact No. : Residence Clinic : Mobile :

E-Mail Id :

Qualification & Speciality :

Present Designation :

Present Institution :

Type of Membership Opted :

- A) Patron B) Honorary C) Life Member D) Associate Member

Payment details; Amount

Cash :

Cheque (No. / Date / Bank)

Enclosure :

- A) Post graduate degree certificate
B) KMC / MCI registration certificate

Date :

Place :

Signature of Applicant