# Association of Physicians of India

## DK Chapter ( R )

First floor, IMA House, IMA Building,
Hampankatta, Mangalore, 575001
Email: apidk2013@gmail.com

## Membership Application Form

Name (Use Block Letters):

Age and Date of birth:

Address:

*Affix Photograph*

Residence:

Clinic:

Contact No.: Residence

Clinic

Mobile

Email Id:

Qualification & Speciality:

Present designation:

Present institution:

**Type of membership opted:**

A) Patron B) Honorary C) Member (Annual) D) Life member E) Associate Member

**Payment detail; Amount:**

Cash: Cheque (No. / Date / Bank):

**Enclosures:**

A) Post graduate degree certificate

B) KMC/MCI registration certificate

Date:

Place:

*Signature of Applicant*