



UP CHAPTER OF INDIAN ASSOCIATION OF PATHOLOGISTS & MICROBIOLOGISTS

(Registration No. LUC/06116/2021-2022)

PROPOSAL FORM FOR MEMBERSHIP

1. Name (in full) First Name : _____
Middle Name : _____
Surname : _____

2. Date of Birth: _____

3. Age at Application
(Attach Proof)

4. Gender M/F

5. Nationality:

6. Present Designation and Occupation.

7. Address (Tick preferred address for communication)

Official/Clinic/Laboratory

Residential

*Pin Code:

*Pin Code:

Mobile:

Mobile:

*Email: _____

8. Academic Qualifications, in descending order (Attach Proof) :

S.No.	Degree	Year Qualification	of	University / Board
01				
02				
03				
04				

9. Affiliations/Honours:

10. Publications: Books, Chapters in Books, Journals (Attach additional sheet)

11. TOTAL EXPERIENCE IN SUBJECT _____ years

12. SPECIAL INTEREST / SPECIALIZATION: _____

13. Membership applied for : Honorary / Ordinary / Life (Direct) / Life (Existing ordinary Member)

14. This application is proposed by the following who are Life members of UP IAPM Chapter / IAPM parent body

S No.	Name & Address of the Proposer	Membership No.	Signature
01	Mobile No. Email :		
02	Mobile No. Email :		

15. Undertaking: _____, an applicant to the Associate / Affiliated / Ordinary / Life Membership of UP Chapter of Indian Association of Pathologists Microbiologists hereby attest that the information's provided are true to the best of my knowledge and belief. On acceptance of my membership, I shall abide by the rules of the association and shall strive to uphold the dignity and objectives of the association. I also agree to pay the membership fees and other dues as required from time to time.

16. Membership fees deposited with transaction details: _____

Date: _____

Place: _____

Signature _____

*** Mandatory fields**

GENERAL INFORMATION

- All applications should be accompanied with the following (mandatory)
 - Membership form duly filled, signed, proposed and seconded
 - Copy of MBBS and MD/ Diploma degrees
 - Certificate of Additional Qualification /Affiliation / Honors
 - Proof of age
 - Certificate of proof from Head of Department in case of Students / Scholars / Residents / Affiliated member and indicate IAPM / UP Chapter Life membership number of HOD
 - DD/ Cheque / Details of NEFT
 - Categories of Membership and fees
 - Ordinary: Rs. 1000/- (Indian residents) / US\$ 100/- (NRIs) per annum. Automatic. Preferably for postgraduate students and those who do not opt for life membership.
 - Life: Rs. 3000/- one time. Not Automatic. Subject to approval by UPIAPM executive council. Applicant should be life member of IAPM also.
 - Honorary: No charges. By invitation of UPIAPM executive council.
 - Account details
 - Account name: State Bank of India
 - Account number: 40490479628
 - IFSC code: SBIN0007789
 - MICR code: 226002034
 - Branch: SBI, SGPGIMS, Lucknow
 - Scanned copy of the membership form with accompanying documents should be e-mailed to secretaryupiapm@gmail.com with CC to treasurerupiapm@gmail.com
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FOR USE BY OFFICE

- Application received: Complete / Incomplete
- Fees Received : ₹
- Membership number allotted: