THE ASSOCIATION OF PHYSIOLOGISTS & PHARMACOLOGISTS OF INDIA

Application form for becoming Life / Annual Member of APPI

To,

The Finance Secretary
Association of Physiologists & Pharmacologists of India.
Department of Physiology
M India Institute of Medical Sciences,
Ansari Nagar. New Delhi - 110 029 (India)

Dear Sir/ Madam

Please enroll me as a Life / Annual Member of the Association of Physiologists & Pharmacologists of India. I shall abide by the rules and regulations as formulated by the Association. I am herewith sending my Subscription fee of Rs…… and admission fee of Rs. 10=00. Total Rs…… Towards my Life / Annual Membership by Money order / Demand Draft. (Bank Draft is preferable).

Particulars

1. Membership required Life ☐ Annual ☐
2. Name in full in (block letters) Dr/Mr/Miss/Mrs……..…….…….. (Last name) ……..... (Middle name) …… (First name).
3. Date of Birth:
4. Educational Qualifications:

	Degree/Diploma / PG Degree	Year of passing	University
(a)			
(b)			
(c)			

5. Present Status:
6. Field of Interest
7. Address Office: Residential: Phone No. Fax Email

Yours faithfully

(Signature)

• Demand drafts may be drawn in favor of "The Association of Physiologists & Pharmacologists of India".

Rate of Membership Subscription:

	Subscription Fee	Admission fee	Total
(a)Annual membership (for one financial year)	Rs.500/-	Rs.10=00/=	Rs.510/-
(b)Life membership (for whole life)	Rs.3000/-	Rs.10=00/=	Rs.3010/-