



Association of Physicians of Gujarat

(Estd. 1972)



LIFE MEMBERSHIP APPLICATION FORM

Name : Dr Mr/Mrs/Ms: _____
(First name) (Middle Name) (Surname)

Address (Clinic) : _____

Address (Resi.) : _____

Phone No. (O) : _____ (R) : _____ (M) : _____

Fax : _____ Birth Date : _____

Practice Started from : _____ Blood Group : _____

Email : _____ Website : _____

Qualification / Speciality : _____

Year of obtaining Degree & Postgraduate Diploma/ Degree : _____

Name of University : _____

Proposed by :
APG Member's Name : Dr. _____ Signature : _____

Seconded by :
APG Member's Name : Dr. _____ Signature : _____

Attachment :

Rs. _____ by Cash / Cheque / DD enclosed in favour of "Association of Physicians of Gujarat", Ahmedabad.

N.B. 1. Please send the Xerox copy of MBBS Registration & Postgraduate Degree/Diploma/Diploma
Registration / University Passing Degree Certificate

2. Life Membership fee is Rs. 1500/-

3. Passport Size Photo

Yours Faithfully,

Signature

FOR OFFICE USE ONLY : Received on

Cash / Cheque / DD No. : _____ Amount : _____

Drawn on Bank : _____ Place : _____ Dated : _____

Enrolled in Executive Committee on _____

Receipt No. : _____