



# ASSOCIATION OF PHYSICIANS OF SURAT

## MEMBERSHIP FORM

**[PLEASE FILL THE FORM IN CAPITALS ONLY]**

NEW MEMBER:

OLD MEMBER:

(SURNAME)

(FIRST NAME)

(MIDDLE NAME)

NAME: DR.

AGE:

YEARS:

SEX: MALE/FEMALE

DATE OF BIRTH:

QUALIFICATION:

COLLEGE & UNIVERSITY:

AWARDS & ACHIEVEMENT:

PRESENT STATUS:

PRIVATE PRACTICE/SERVICE

YEAR OF STARTING PRACTICE:

OFFICE ADDRESS 1:

OFFICE ADDRESS 2:

TIMING:

TIMING:

TELEPHONE NO:

TELEPHONE NO:

RESIDENTIAL ADDRESS:

TELEPHONE NO:

ADDRESS FOR CORRESPONDENCE:

OFFICE / RESIDENCE

MOBILE NO:

FAX NO:

E-MAIL ADDRESS:

ATTACHMENT 1

TO OTHER HOSPITALS: 2

3

PERSONAL DETAIL:

NAME

EDUCATION

SPOUSE:

CHILDREN: 1

2

## [FOR NEW MEMBERS ONLY]

PROPOSED BY EXISTING APS MEMBERS:

NAME & ADDRESS 1

SIGNATURE

2

SIGNATURE

I AGREE TO ABIDE BY THE RULES OF THE ASSOCIATION [ ]

SIGNATURE OF APPLICANT

## [FOR OFFICE USE ONLY]

APPLICATION RECEIVED ON

ADMITTED ON

RECEIPT NO

L. M. NO

FEES PAID BY CASH / CHEQUE NO.

DATED

DRAWN ON

PRESIDENT

HON. TREASURER

HON. SECRETARY

- N.B.:**
- 1. MEMBERSHIP FEE: Life member: Rs. 3000/-, Associate Member: Rs. 2000/- and conversion of Associate to Life membership by Postgraduate students of General/Internal Medicine: Rs. 1000/-**
  - 2. CHEQUE TO BE DRAWN IN FAVOUR OF "ASSOCIATION OF PHYSICIANS OF SURAT"**
  - 3. PLEASE ATTACH TRUE COPIES OF POST GRADUATE QUALIFICATION IN GENERAL/ INTERNAL MEDICINE and ABOVE (IF ANY) FOR LIFE AND EQUIVALENT NECESSARY DOCUMENTS FOR ASSOCIATE MEMBERSHIP AS MENTIONED IN MEMBERSHIP CRITERIA Along with REGISTRATION CERTIFICATES**
  - 4. PLEASE PROVIDE TWO COPIES OF RECENT PASSPORT SIZE COLOUR PHOTOGRAPHS**  
*(Submit filled form with necessary documents to office of President or Hon. Secretary)*  
**APS Website: <https://apssurat.in>**  
*(Please go through Membership criteria on APS website before submitting the form)*

***Final decision on acceptance or rejection of membership application, according to constitution of APS, remains with APS Executive Committee***