



**KARNATAKA CHAPTER
INDIAN ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS
APPLICATION FOR LIFE MEMBERSHIP**

Name in full (Block letters)					PLEASE AFFIX YOUR RECENT PASSPORT SIZE PHOTORAPH
Date of birth					
Nationality					
Present address (in block letters)					
Permanent address					
Phone number					
Email id					
Academic qualifications	College	University	Year of passing	Registration number (state medical council)	
MBBS					
DCP					
MD/DNB					
Present designation					
Are you a member of IAPM					
Life membership	Membership fee: Rs 3000 (Three Thousand only). NEFT of to be done to the following details Account name: KCIAPM Account Number: 04242010042151 Bank: Syndicate Bank Branch: Malleshwaram 18th Cross IFSC Code: SYNB0000424				
NEFT details	Bank name & Branch	Date of NEFT	Transaction ID		
Signature of applicant					
Date					
Proposed by		Seconded by			
Name		Name			
KCIAPM number		KCIAPM number			
Signature		Signature			
FOR OFFICE USE ONLY					
Transaction verification done: Yes/No					
Signature of treasurer					
Please mail the scanned copy of completed application form as pdf file in color, to secretarykciapm@gmail.com					