



LIFE MEMBERSHIP APPLICATION FORM



AFFIX YOUR PHOTO HERE

PERSONAL INFORMATION

Salutation: Mr Ms Dr

First Name: Middle Name: Last Name:

Father's Name: Mother's Name: Spouse's Name:
[OPTIONAL] [OPTIONAL] [OPTIONAL]

Nationality: Gender: Male Female Date of Birth :
DD - MONTH - YYYY

Mobile Number for official communication:

Email ID for official communication:

Address for official communication:

Door No: Street & Location: City/Town/Village:

State / Union Territory: Country: Pin Code:

Languages Spoken:

EDUCATIONAL INFORMATION

Name of the Degree or Diploma Obtained: B.S. B.Sc M.Sc MVS M.Phil P.G.Diploma Others

College from which the Degree Or Diploma Obtained:

University from which the Degree Or Diploma Obtained:

State / Union Territory in which the college is located:

Period of Study: Month & Year of Graduation:
MM - YYYY

Addition qualification / certification obtained, if any

EMPLOYMENT INFORMATION

Name of the Hospital / Organisation:

Current Employment Address:

DETAILS OF PAYMENT

Please fill in whichever field is applicable, leave the other fields blank.

Mode of Payment:

DD

NET BANKING *

[Details of the Net Banking will be shared upon the receipt of the application]

DD Number:

REF/UTR Number: *

[For Office Use]

Name of the Bank:

Dated:

DD - MONTH - YYYY

Date

Signature of the applicant

Please enclose a Demand Draft for Rs.5000/- favouring Indian Association of Physician Assistants, payable at Chennai.

Send application form along with DD, xerox copies of Mark Sheets, Internship Completion Certificate & Degree Certificate by registered post/courier to:

R. Shivakumar
President - IAPA
Old no 66, New No 68, New Street
Mylapore, Chennai-600004
Tamilnadu.

NOTE:

In case you have not yet received the Degree Certificate from the University, you can enclose the Provisional Certificate.