

APPLICATION FORM FOR APDA MEMBERSHIP

1. Name (in block letter) :
2. Sex :
3. Permanent Address :

4. Present Address :

5. Date of Birth :

6. Qualification :

Degree(Graduation)	Post graduation Degree/Diploma	Year of passing	Name of College	University

7. Medical Council (Name & Regn. No) :
8. Attach 2 PP and 1 Thumb size Photo :
9. Registration fee – Rs: 2000/- (Cash/Draft*):
10. Contact No :
11. E mail address :

Signature of the applicant

<p><u>For official use</u></p> <p>Membership accepted/not accepted</p> <p>Membership No. allotted :</p> <p style="text-align: right;">President/Gen. Secretary</p>
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* Bank draft to be drawn in favour of Arunachal Pradesh
Doctors Association, Naharlagun