**VIDARBHA ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS**

(Application form for Membership 2022-23)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Date of Birth |  | | |
| Qualification Details | Degree | Year of Passing | College/University |
|  | MBBS |  |  |
|  | MD |  |  |
|  | Other |  |  |
| Current Designation |  | | |

Address for Communication:

|  |  |
| --- | --- |
| E-Mail Address |  |
| Telephone | Mobile: |
|  | Office: |
|  | Residence: |
|  | |
| Application for | Life Membership / Annual Membership |
| Payment Details | Cheque/ Cash |
|  | Cheque No.: Drawn on: |
|  | NEFT /IFSC details: |

Date Signature of applicant

Proposed by VAPM Life member Dr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Life Membership: Rs. 5000/-
* Annual Membership: Rs. 500/-
* Demand draft or Cheque Payable to ‘ **VAPM, NAGPUR ’** , Canara BankIFSC code: **CNRB0001404**

Account no: **1404101012092**

Please send form along with Cash/ Demand Draft/Cheque/NEFT to:

**Dr. Mukesh Waghmare Dr.Prajkta Gaddewar**

Treasurer, VAPM 2022-23 Hon. Secretary, VAPM 2022-23

9370275223 9673521263

Smt Sunanda B Shidham Memorial Chamber, Dr Hardas IMA Annex Building, IMA House , North Ambazari Road, Nagpur- 440010

**FOR OFFICE USE**

Date of acceptance: Receipt no. Signature