



**INTERNATIONAL ACADEMY OF PATHOLOGY  
- INDIAN DIVISION**

**PROPOSAL FOR MEMBERSHIP**

For Office use only

Membership No: IAPID / \_\_\_\_\_ / \_\_\_\_\_

Recd. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Accepted Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please attach latest color  
passport size photograph

**Name** (First Name) \_\_\_\_\_  
(Block Letters) (Middle Name) \_\_\_\_\_  
(Surname) \_\_\_\_\_

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Place of Birth** \_\_\_\_\_ **Gender (M/F)** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel.** \_\_\_\_\_ **Mob** \_\_\_\_\_

**Email** \_\_\_\_\_

If the members have any reservations regarding publishing of their phone/mobile numbers and/or Email ID in the address book please indicate so by checking (✓) the appropriate box below. If not, please leave them unchecked.

Don't publish my phone/mobile number in address book

Don't publish my Email ID in address book

**City** \_\_\_\_\_ **PIN** \_\_\_\_\_

**State** \_\_\_\_\_

**Academic Qualifications, beginning with graduation (Attach Proof)**

S.No.	Degree	Year of Qualification	Institute/ University

**Training (Specialized in Pathology)**

S.No.	Place	Date	Specify the type of training

**Affiliations**

S.No.	Titles	Place (Institute, Hospital and Others)

Signature of the Applicant

**NOMINATION**

As a member of the International Academy of Pathology, I nominate and support this applicant who has met all the requirements for membership in the International Academy of Pathology. The applicant is interested in all the objectives of the Academy including advancement of teaching and research in pathology.

	Name & Place	IAP-ID Membership No.	Signature
Proposed by			
Seconded By			

**Payment Details**

**Membership Fee:**

Annual Membership Fee : Rs. 400 [ Cheque: Rs. 425]  
Five Year Membership Fee : Rs. 2000 [ Cheque: Rs. 2075]

Please send the membership fee by Demand Draft / Cheque drawn in favour of  
**"SECRETARY & TREASURER, IAP- INDIAN DIVISION"** payable at **"MUMBAI"**.

Mail the duly filled forms along with required attachments and Demand Draft to:

**Dr. ANITA S. BHADURI**  
**Consultant Histopathologist**  
**Department of Histopathology**  
**P. D. Hinduja Hospital & MRC**  
**Mahim, Mumbai 400016, M.H.**

**Demand Draft Details**

DD. No: \_\_\_\_\_

Date: \_\_\_\_\_

Bank: \_\_\_\_\_  
Branch: \_\_\_\_\_