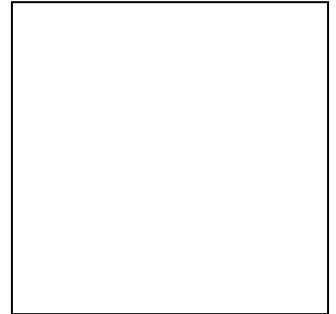


**UTTAR PRADESH CHAPTER OF
ASSOCIATION OF PLASTIC SURGEONS OF INDIA**

MEMBERSHIP FORM

To,

**The Hon. Secretary,
Uttar Pradesh Chapter of Association of Plastic Surgeons of India
Department of Plastic Surgery
Institute of Medical Sciences
Banaras Hindu University, Varanasi – 221005
Phone : 0542-2316146 (R), 9415302891 (M)
Email : drpmjain@rediffmail.com**



Dear Sir,

I wish to enroll my self s member of “Utter Pradesh Chapter of Association Plastic Surgeons of India”. My particulars are given below:

Full Name in Block Letters : _____

Date of Birth : _____

Residential Address : _____

Pin Code _____ Phone No _____

Mobile No _____ Fax No. _____

Work Address : _____

Pin Code _____ Phone No _____

Mobile No _____ Fax No. _____

Type of Membership sought : Full Life/Full Associate/Annual Life/Annual Associate/Overseas

Professional Qualifications

DEGREE/DIPLOMA	UNIVERSITY	YEAR
MBBS		
M.S. ()		
M.Ch. (Plastic Surgery)		
Other – DNB, FRCS		

Professional Experience :

	POST	FROM	TO
1			
2			
3			
4			
5			

Academic Achievements/Prize

- 1
- 2
- 3
- 4
- 5

Membership of Professional Associations :

Membership No : _____

1. Association of Plastic Surgeons of India
2. Association of Surgeons of India
- 3.
- 4.

The above facts are true to the best of my knowledge. If elected, I undertake to abide by the constitution of the association. Please find enclosed a Bank Draft/Cheque (add Rs. 25/- as handling charges) for Rupee _____ (Rs) No _____ dated _____ on Bank.

Date _____

Signature _____

Office Use

Application received on _____ Book No _____ RT NO _____

Member granted/not granted

Type _____