



ASSOCIATION OF PLASTIC SURGEONS OF INDIA

Membership Form

A. Name in Full

Surname	First Name	Middle Name	Photo
Date of Birth: _____ Female/ Male _____			
Address _____			
Pin Code _____			
Phone Number Office _____, Res. _____			
Fax _____ E Mail _____			
Phone Number Mobile _____			
Membership Sought: Full/ Full Life/ Associate/ Associate Life/ Over Seas/ please circle any one only			

B. Professional Qualifications:

Degree/ Diploma	University	Year	Present Post
MBBS			
M.S.			
M. Ch.			
D.N.B.			
Others			
(Attach Photocopy of Qualifications and Council registration for MCh/DNB)			
Proportion of Plastic Surgical Work/ Practice 100%/75%/50%/<50%			

C. Details of Training & Experience in Plastic Surgery: Attach separate sheets if necessary.

From	To	Designation	Institution	Total Period
------	----	-------------	-------------	--------------

D. Awards/ Papers presented/ Published/ Research Work etc. (if any)

E. Membership of Other Organizations/ Professional Associations;

I hereby state that the above facts are true and I undertake to abide by the Constitution and Rules of the Association, if elected.

Place	Date	Signature
-------	------	-----------

Proposed by:
Signature
Name
Membership No.

Seconded by :
Signature
Name
Membership No.



APSI

Membership Rules

ELIGIBILITY OF MEMBERSHIP:

1. Full Members : Post Graduate qualifications in Plastic Surgery
2. Life Members : In addition to above, pays the requisite Life Membership fees along with one year annual fees.
3. Overseas Membership: (i) Same as full membership , but non resident/ practicing overseas and pays overseas Life Membership fees.
4. Associate Membership : (i) Post graduates students/ trainees in Plastic surgery
(ii) Medical Professionals interested in Plastic Surgery
(iii) Dental surgeons interested in Plastic Surgery
(iv) Para Medical Professionals interested in Plastic surgery.
5. Associate Life Membership: Same as Associate but pays Life Membership fees.

FEES PAYABLE ALONGWITH APPLLCATION FORM:

Admission Fees	Rs 500/-
Life Membership	Rs 15000/-
Full Membership	Rs 1500/- per annum
Overseas Membership	U S \$ 750/-
Associate Membership	Rs 1000/- per annum

Total Payment

Associate annual membership Rs 1500.

Full annual membership Rs 2000.

Life membership Rs 17000

Add Bank Charges if paying by cheque

Bank Charges Rs 100/- for cheque from outside Delhi.

INSTRUCTIONS TO ALL APPLICANTS FOR Membership of the **APSI**.

1. Application form must be complete in all respects and filled in duplicate.
2. Proposer and Seconder must be Life members of the APSI, and they should sign the Form.
3. Membership fees must be enclosed with the Application form as a Demand Draft, payable to "APSI" in New Delhi. Or at par Cheque payable in New Delhi.
4. Both Application forms should be forwarded to The Secretary APSI, (Dr. Atulkumar Shah, 20 Om Park, Near Andhra Bank, Stadium Road, Akotta, V A D O D A R A 390 020). Paste colored passport size photograph on each Application forms.
5. Attach additional sheets if required.

For Office use only:

Received on _____ Elected On _____

E.C. Recommendation _____

Yes/ No _____ Date _____

APSI Membership No. Allocated _____ (Forms printed Jan 2011.)