



**KARNATAKA CHAPTER  
INDIAN ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS  
APPLICATION FOR LIFE MEMBERSHIP**

Name in full ( Block letters)					PLEASE AFFIX YOUR RECENT PASSPORT SIZE PHOTOGRAPH
Date of birth					
Nationality					
Present address ( in block letters)					
Permanent address					
Phone number					
Email id					
Academic qualifications	College	University	Year of passing	Registration number (state medical council)	
MBBS					
DCP					
MD/DNB					
Present designation					
Are you a member of IAPM	If YES, Membership Number:				
Life membership	Membership fee: <b>Rs 4000</b> (Four Thousand only). NEFT of to be done to the following details <b>Account name: KCIAPM</b> <b>Account Number: 04242010042151</b> <b>Bank: Syndicate Bank Branch: Malleshwaram 18th Cross IFSC Code: SYNB0000424</b>				
NEFT details	Bank name & Branch	Date of NEFT	Transaction ID		
Signature of applicant					
Date					
<b>Proposed by</b>		<b>Seconded by</b>			
Name		Name			
KCIAPM number		KCIAPM number			
Signature		Signature			
<b>OFFICE USE ONLY</b>					
Transaction verification done: Yes/No		Signature of Treasurer			
Please mail the scanned copy(COLOR) of completed application form as pdf file in color, to <a href="mailto:secretarykciapm@gmail.com">secretarykciapm@gmail.com</a>					