



ASSOCIATION OF PHYSICIANS OF INDIA
DELHI STATE CHAPTER

Application for Membership and Updating Particulars

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Photograph

Dear Sir,

You are requested to enrol me as a Life Member of API -- Delhi State Chapter. My
particulars are as follows:

First Name _____ Last Name _____

Mailing Address _____

_____ Pin _____

Tel: (Res.) _____ Office _____ Mobile _____

Email _____

API Membership No. _____ (API Member HQ (Mumbai) Mandatory)

Please find enclosed Cheque / DD for Rs. 500/- in favour of API Delhi State Chapter,
payable at New Delhi.

Signature of Proposer

Name _____ API-DSC Membership No. _____

Thanking you,

Yours Sincerely,

(Signature)

Date: _____

N.B.: Please send/affix (Don't staple) Passport-size Coloured Photograph.

For Official Use only:

Approved by Governing Body, API-DSC _____ on _____