

APSI No. :
For Office Use only



Reg. No.:
For Office Use only

ASSOCIATION OF PLASTIC SURGEONS OF INDIA

MEMBERSHIP FORM

(PLEASE FILL THE FORM IN CAPITAL LETTERS)

A. PERSONAL DETAILS

AFFIX A COLOURED PHOTO OF SIZE 3.5 CM X 2.5 CM WITHIN THE BOX

SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH / / SEX / MAKE A CIRCLE ON OPTION

ADDRESS

CITY PIN

STATE

COUNTRY

TEL. RES

TEL. OFFICE

MOBILE

E MAIL

MEMBERSHIP SOUGHT: (PLEASE TICK ONLY ONE OF THE FOLLOWING OPTIONS)

FULL FULL LIFE ASSOCIATE ASSOCIATE LIFE OVERSEAS

B. PROFESSIONAL QUALIFICATIONS

DEGREE / DIPLOMA	UNIVERSITY	YEAR OF PASSING
M.B.B.S.		
M.S.		
M.Ch.		
D.N.B.		

(Please Attach Photocopy of Qualifications and Council registration for M.Ch. / DNB)

PROPORTION OF PLASTIC SURGICAL WORK / PRACTICE 100% 75% 50%

C. DETAILS OF TRAINING & EXPERIENCE IN PLASTIC SURGERY (ATTACH SEPARATE SHEETS IF NECESSARY)

DESIGNATION	INSTITUTE	FROM	TO	TOTAL PERIOD

D. AWARDS/ PAPERS: PRESENTED/ PUBLISHED/ RESEARCH WORK ETC. (IF ANY)

1. _____
2. _____
3. _____

E. MEMBERSHIP OF OTHER ORGANIZATIONS/ PROFESSIONAL ASSOCIATIONS

1. _____
2. _____
3. _____

F. PAYMENT DETAILS

TOTAL AMOUNT PAID IN RS.

MODE OF PAYMENT CHEQUE / D.D. BANK TRANSFER CASH

CHEQUE / D.D. NO. DATED / /

DRAWN ON

BANK, IN FAVOUR OF "ASSOCIATION OF PLASTIC SURGEONS OF INDIA" PAYABLE AT MUMBAI.

BANK TRANSFER NO.

NAME OF BANK

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 OF APPLICANT

PROPOSED BY : _____ SECONDED BY : _____

SIGNATURE : _____ SIGNATURE : _____

MEMBERSHIP NO. : _____ MEMBERSHIP NO. _____

For Office use only:

Received on ___/___/___ Elected On ___/___/___ E.C. Recommendation: Yes / No Date: ___/___/___

APSI Membership No. Allocated _____

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 along with Application Form:

Admission Fees	: Rs. 500
Life Membership	: Rs. 15,000
Full Membership	: Rs. 1,500 per annum
Overseas Membership	: USD 750
Associate Membership	: Rs. 1,000 per annum

Total Payment:

Associate Annual membership: Rs 1500

Full Annual membership: Rs 2000

Life membership: Rs 17000

Bank Charges : Rs. 100 for cheque from outside Mumbai (Not applicable for Multi City Cheque).

Instructions to the Applicants for Membership of Association of Plastic Surgeons of India

1. Application form must be complete in all respects and filled in **duplicate**.
2. Proposer and Secunder must be Life members of the APSI, and they should sign the Form.
3. Paste colour passport size photograph on each Application form.
4. Attach additional sheets if required.
5. Two copies of filled Application form with necessary documents with Membership Fees should be sent to the Hon. Secretary, APSI on following address: **Dr. Parag Sahasrabudhe, Plot No. 82 Lane No. 2 Natraj Society Karvenagar Pune Maharashtra 411052.**
(Mobile No.: +91 9822060287, Email: secretary.apsi@gmail.com).

Payment Details:

The Membership Fees should be paid by a Demand Draft or at par Cheque drawn in favour of "**Association of Plastic Surgeons of India**" payable at Mumbai. For outstation cheque, Rs. 100 should be added to the Membership Fees (Not Applicable for Multi city Cheque). Alternately, the payment can be also done by a Bank Transfer on following Bank Account.

Name of Bank	: IDBI Bank	Branch	: Goregaon East, Mumbai
Name of Account	: Association of Plastic Surgeons of India	Account No.	: 0539104000040026
Branch IFSC Code	: IBKL0000539	MICR code	: 400259042

(In case payment is done by a Bank transfer, the Bank Transaction ID should be mentioned in the space provided in the Form & a copy of Bank Transaction Receipt should be sent with the Application Forms to the Hon. Secretary, APSI).