ASSOCIATION OF PLASTIC SURGEONS OF INDIA
MEMBERSHIP FORM
(PLEASE FILL THE FORM IN CAPITAL LETTERS)

A. PERSONAL DETAILS

SURNMAE

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

ADDRESS

CITY

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

<table>
<thead>
<tr>
<th>DEGREE / DIPLOMA</th>
<th>UNIVERSITY</th>
<th>YEAR OF PASSING</th>
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</thead>
<tbody>
<tr>
<td>M.B.B.S.</td>
<td></td>
<td></td>
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<tr>
<td>M.S.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.Ch.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.N.B.</td>
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</tbody>
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(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)

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>INSTITUTE</th>
<th>FROM</th>
<th>TO</th>
<th>TOTAL PERIOD</th>
</tr>
</thead>
<tbody>
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</table>

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.
5. Associate Life Membership: Same as Associate but pays Life Membership fees.

Fees payable along with Application Form:

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Fees</td>
<td>500</td>
</tr>
<tr>
<td>Life Membership</td>
<td>15,000</td>
</tr>
<tr>
<td>Full Membership</td>
<td>1,500 per annum</td>
</tr>
<tr>
<td>Overseas Membership</td>
<td>750 USD</td>
</tr>
<tr>
<td>Associate Membership</td>
<td>1,000 per annum</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>100 for cheque from outside Mumbai (Not applicable for Multi City Cheque).</td>
</tr>
</tbody>
</table>

Total Payment:

- Associate Annual membership: Rs 1500
- Full Annual membership: Rs 2000
- Life membership: Rs 17000

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 Seconder 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).

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