



APPLICATION FOR MEMBERSHIP OF ASSOCIATION OF PULMONOLOGIST TAMILNADU
(Registered Under the Tamil Nadu Societies Registration Act, 1975
(Tamil Nadu Act, 1975 – SI. No. 222/2016))

Name : _____

Address : _____

Email : _____

Phone : _____

Date of Birth : _____

Qualification : DM/ MD/ DNB(Pulmonary Medicine)/ DTCD/ Other Speciality(_____)

Student: DM/ MD/ DNB(Pulmonary Medicine)/DTCD/ Other Speciality(_____)

Year I/ II/ III

PLEASE AFFIX
PASSPORT SIZE
PHOTO

Year of Post-Graduate Qualification:
(Xerox / Scanned copy to be attached)

MCI/ SMC Reg. No., State of Registration:
(Xerox / Scanned copy to be attached)

Type of Membership : Life / Ordinary / Associate / Student
(Tick one) (Kindly furnish the proof)

DD/ Cheque No.	Date	Branch

If my application is accepted I will abide by the present rules and regulations of the Association of Pulmonologist Tamilnadu.

Date:

Signature of the candidate

For Office Only

Membership No.: L/ O/ A/ S / H _____

Received by :

Signature:

The DD / Cheque should be made out in favour of Association of Pulmonologist Tamilnadu payable at Chennai

Subscription Amounts

Life member DM / MD / DNB / DTCD (Pulmonary / Respiratory Medicine) can be eligible for Life Member	:	Rs. 10000/-
Ordinary member (Any member of our speciality for annual Membership)	:	Rs. 1000/- per annum
Associate member (Other speciality members)	:	Rs. 500/- per annum
Student member (Xerox / Scanned copy of college ID card)	:	Rs. 1000/- (valid only during student period)

APT Secretariat:

Dr. S. BALAMURUGAN

2, First Cross Street, Janaki Nagar Extension,
Valasaravakkam,
Chennai-600087.
Phone: 9600002646
Email id: apt.chest@gmail.com

Online payment:

For Direct Bank Transfers (NEFT/RTGS), Bank details: Name of Account: "Association of Pulmonologist Tamilnadu" Account no. : 36164471444 Bank name & address : State Bank of India, Y-211, 2nd Avenue, Chennai, Pincode - 600040. IFSC code: SBIN0003870.