Name of the Candidate		
Address of the Candidate		
Life Membership No :		
Tel. Nos. Resi	Office	Institution
Mobile:	email:	
Name of the Proposer		
Address of the Proposer _		
Life Membership No :		
Date		Signature of the Proposer
Name of the Seconder		
Life Membership No :		
Date		Signature of the Seconder
	CLARATION BY THE	CANIDATE
DE	CLARATION DI TIIL	
I hereby declare that the instructions and criteria cregulations as per the co	information given abounced information given abounced in the second section of ASSOCIATION OF AS	ve is true and I have read all the that I will abide by all the rules & ON OF PHYSICIANS OF INDIA. I hich may harm the honour & prestige
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Signature of the Candidate

Form is available on website: www.apiindia.org

Date