

**ASSOCIATION OF PHYSICIANS OF INDIA
DELHI STATE CHAPTER**

Application for Membership and Updating Particulars

Photograph

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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 _____

Phone (Res.) _____ Office _____

Mobile _____ Fax _____

Email (*mandatory*) _____

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

Thanking you,

Yours Sincerely,

(Signature)

Date: _____

N.B.: Please send/affix (Don't staple) a Passport-size coloured photograph.