



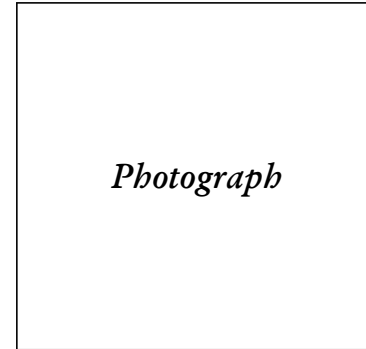
ASSOCIATION OF PHYSICIANS OF INDIA
DELHI STATE CHAPTER

Application for Membership and Updating Particulars

Dr Atul Bhasin

Hony. Gen. Secretary,
Association of Physicians of India - Delhi State Chapter,
1-C/22, New Rohtak Road, Karol Bagh,
New Delhi-110005.

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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 _____

Tel: (Res.) _____ Office _____ Mobile _____

Email _____

API Membership No. _____ (**API Member HQ (Mumbai) Mandatory**)

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

Signature of Proposer

Name _____ **API-DSC Membership No.** _____

Thanking you,

Yours Sincerely,

(Signature) _____ Date: _____

N.B.: Please send/affix (**Don't staple**) Passport-size Coloured Photograph.

For Official Use only:

Approved by Governing Body, API-DSC _____ on _____