



ACADEMY OF PULMONARY & CRITICAL CARE MEDICINE

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APPLICATION FOR LIFE MEMBERSHIP

Name (In Capital Letters) :

Date of Birth :

Permanent Address :

Address of correspondence with Phone no. :

Cell Phone / Fax / Pager / E-mail :

Hospital Attachment :

Wedding date :

Qualification :

Univesity :

Year of Obtaining Post Graduate Qualification :

Any Additional Qualification :

Area of Interest :

Any other details :

(publications, Presentation of papers / Attending
National / International Conferences etc.,
If needed, use separate sheet)

To the best of my knowledge and belief the pariticulars furnished above are correct

Date :

Signature of Applicant

- Note : 1. Life membership Fee is Rs. 3000/- for pulmonologists inside India and 200 U. S. \$ for Pulmonologists outside India
2. D. D. Should be drawn in favour of treasurer Academy of Pulmonary and Critical Care Medicine. Out station Cheaues should add Rs. 50 (Association account is operated at The South Indian Bank Ltd., 0079 Thiruvalla Branch, P. B. No. 27, Pin - 689 101
3. Application form along with D. D. or Cheque should be forwarded to Dr. Kurian Oommen, Thottathil, Kavumbhagom P. O., Thiruvalla, Kerala, Pin - 689 102