



Academy of Pulmonary & Critical Care Medicine

Reg. No. ER24/2000

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APPLICATION FOR LIFE MEMBERSHIP

Name (in Capital Letters) :

Date of Birth :

Permanent Address :

Address of correspondence :

with Land Phone no. :

Mobile Phone :

E-mail :

Hospital Attachment :

Name of Spouse :

Qualifications :

University :

Medical Council Registration No. :

Year of Obtaining PG Qualification:

Any Additional Qualification :

Area of Interest :

Any other details :

Proposed by (Name, Membership No.
of APCCM Life Member) :

Details of Fee Remitted (Cheque/DD):

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

The particulars furnished above are correct to the best of my knowledge and belief.

Date :

Signature of Applicant

- Note :
1. Life Membership Fee is Rs. 8,000/- for Pulmonologists inside India and US \$ 500 for Pulmonologists outside India.
 2. DD / crossed cheque should be drawn in favour of Treasurer, APCCM payable at Kozhikode. Outstation cheques should add Rs. 50/-
 3. Online fund transfer can be made to APCCM Account No. 0079053000020194, IFSC : SIBL0000842, Bank : South Indian Bank, Branch : St. Joseph College EC Branch, Devagiri, Kozhikode
 4. Application form along with DD or Cheque should be forwarded to the Treasurer by registered post Dr. Vipin Varkey, M6/29, Mukkuzhickal, KSHB Housing Colony, Malaparamba P.O., Kozhikode, Kerala – 673 009, Phone : 9446262485, E-mail : treasurerapccm@gmail.com, drvipinv@gmail.com

FOR OFFICE USE ONLY

Application Verified

Life Membership no. allotted

Secretary