Association of Physician Assistant and Paramedics (APAP)

Professional Membership Application Form

1. Personal Details

Full Name:

_____

Date of Birth:

_____

Gender:

_____

Email ID:

_____

Mobile Number:

_____

WhatsApp Number:

_____

Address for Communication:

_____

_____

_____

2. Professional Details

Qualification (with Specialization):

_____

University/Institution Name:

_____

Year of Graduation:

_____

Current Position/Designation:

_____

Association of Physician Assistant and Paramedics (APAP)

Student Membership Application Form

Current Workplace Name and Address:

_____

_____

Years of Experience:

_____

3. Identification Proof

Aadhar Number:

_____

Attach Copy of Aadhar Card / Govt. ID

_____

4. Membership Details

Preferred Mode of Communication: [ ] Email   [ ] WhatsApp   [ ] Both

_____

Membership Type: [ ] Annual (Rs. ___)   [ ] Lifetime (Rs. ___)

_____

Payment Mode: [ ] UPI   [ ] Bank Transfer   [ ] Cash

_____

Transaction ID / Payment Screenshot:

_____

5. Declaration

I hereby declare that the information provided is true and I agree to abide by the rules of APAP.

_____

Signature of Applicant: _____   Date: _____

_____

For Office Use Only

Membership ID:

_____

Date Approved:

_____

Association of Physician Assistant and Paramedics (APAP)

Student Membership Application Form

Approved By (Signature & Seal):

_____