

Association of Physician Assistant and Paramedics (APAP)

Student Membership Application Form

1. Personal Details

Full Name:

Date of Birth:

Gender:

Email ID:

Mobile Number:

WhatsApp Number:

Address for Communication:

2. Educational Details

Institution Name:

Course Name:

Year of Study:

Expected Year of Graduation:

Student ID Number:

Attach Copy of Student ID Card

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3. Identification Proof

Aadhar Number:

Attach Copy of Aadhar Card

4. Membership Details

Preferred Mode of Communication: ☐ Email ☐ WhatsApp ☐ Both

Areas of Interest: ☐ Workshops ☐ Internships ☐ Research ☐ Volunteering ☐ Events

Membership Fee Paid: Rs. _____

Payment Mode: ☐ UPI ☐ Bank Transfer ☐ Cash

Transaction ID / Payment Screenshot:

5. Declaration

I hereby declare that the information provided above is true to the best of my knowledge.

I agree to abide by the rules and regulations of APAP and allow APAP to contact me through provided details.

Signature of Applicant: _____ Date: _____

For Office Use Only

Membership ID:

Date Approved:

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Approved By (Signature & Seal):
