



THE ASSOCIATION OF PHONOSURGEONS OF INDIA

Registered No: 68/2004 under act 35 of 2001

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Application for APSI Membership

This is a fillable pdf which can be filled by typing form fields

Type of Membership applied for: Life Membership/ Associate Member

Full Name: _____

Father's/ Spouse name (to avoid duplication if names of members are similar): _____

Date of Birth (DD/MM/YYYY): _____

Address:

Permanent

Correspondence

City: _____

City: _____

State: _____ Pin: _____

State: _____ Pin: _____

Phone: (Mobile) _____

Email: _____

Qualifications: (Please attach photocopies)

Degree/Diploma

University

Year

MBBS

DLO/DORL

MS (ENT)/DNB (Otolaryngology)

Others

Medical Council Registration No (with State): _____

Affiliations to Medical College/Institute:

Any other relevant information: _____

Signature:

Date:

The above form should be sent with relevant photocopies to the office of the secretary alongwith a cheque drawn in favour of "Association of Phonosurgeons of India". Alternatively you can send a scanned copy and make NEFT payment.

(A/c "Association of Phonosurgeons of India", Canara Bank, Nanpura II Branch, SURAT; A/c No: 80092010003871; ISFC: CNRB0017176) In case of NEFT payment, please email scanned copies and proof of payment to **secretary & treasurer**.

Life Member: ₹ 5,000/-

Documents to be included:

Undergraduate and post graduate degree certificates, Medical Council registration, Cheque/proof of electronic payment

For Office use only

Received On: _____ Payment Credited on: _____ Mode of Payment: Cash/Cheque/NEFT

Details of Cheque/NEFT: _____ Amt: _____

Application approved in the General Body Meeting held at _____ on _____

Accepted as a Member with membership no: _____

Office of the Secretary: Dr. Alok Karulkar, 601 Kashi Plaza, Majura Gate, Surat: 395001, Gujarat