



The Academy of Pathology Membership Form

1. Name: Dr.
Sex: M/F D.O.B:
Designation:
Qualification: Post MD/ DNB / DCP experience:

2. Institution / Diagnostic Centre with address:

.....
.....
.....

Pin code:.....

3. Address for correspondence:

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.....
.....

Pin code:.....

4. Other details: * **To be filled compulsorily**

Phone Nos.

Res:

Mobile*:

Office:

Email*

5. Membership Payment Details

(Temporary membership for a period of 3years
is Rs1000/- & Life membership Rs 2500/-):

(Cheque/Demand draft in favour *The Academy of
Pathology * payable at Bangalore)

Cash / Cheque / Draft: Bank

Cheque no/DD no

Amount in words

Dated.....

OR NEFT transfer

Name of the Account : The Academy of Pathology

Account Number: 134917200000592

IFSC code: KVBL0001349

Bank: The Karur Vysya Bank Limited

Branch: Hoskote EC

6. Undertaking : I Dr.....

an applicant to membership of *The Academy of Pathology *
hereby attest that the information provided are true and to the
best of my knowledge, On acceptance of my membership I shall
abide by the rules of the academy and shall strive to uphold the
integrity and objectives of the academy. I also agree to
pay the membership fees on a regular basis.

Date:

Signature

For Postgraduates Only

I Dr.....certify

that Dr.....

is a MD / DNB / DCP postgraduate student in our college

.....

Date:

Signature & Seal of HOD

Kindly send completed membership form to:

Dr. Kalyani R,

Secretary, "The Academy of Pathology"

H. No: 127/13, "Sri Ganesh",

4th Main, 4th Cross, P C Extension, Kolar

Karnataka -563102

Mobile: 9448402775

In case of NEFT transfer, kindly intimate us the payment
detail by email.

Email id: pathologyacademy@gmail.com