

## ASSOCIATION OF PHYSICIANS OF INDIA TAMIL NADU STATE CHAPTER

AMERADU CHNY					
Guziliamparai. Dear Sir,	cians	of India – Tamil Nadu State C			
Kindly enroll me as Name (Surname)	a Me	mber of API – Tamil Nadu Sta	ate Chapter. My detail	s are as follows	
First Name		Middle Name			
Father / Husband's	Name				
Qualifications: University: Year of Passing			Please Slick one Stamp Size Photo here		
Tamil Nadu Medical Council Registration No:				Additional Stamp Size Photo to be	
API (Central) Life Membership No. Additional Stamp Size Photo to be attached to Application					
Address.					
City		Pincode	Dist	District	
Telephone: Office		Clinic	Res	Residence	
E-mail	Mobile		ile		
I hereby declare the of the Association. Signature Date	above	e particulars given by me are co	prrect and agree to ab	ide by the Rules and Regulations	
Membership Fee	:	Rs.2000 (Rupees Two Thousand only).			
Details of Payment	:	Demand Draft to be drawn in favour of "ASSOCIATION OF PHYSICIANS OF INDIA TAMIL NADU STATE CHAPTER" payable at Chennai.			
For Office Use	:	Application received on.	Membe	rship No.	
Please Note	:	Members are requested to enclose the xerox copy of the Tamil Nadu Medical Council Registration Certificate and Post Graduation Certificate by a recognized university.			
Website	:	www.tnapichapter.org			
Please send Application to	:	Dr.V.PALANIAPPAN M.D., FICP., Dr.V.PALANIYAPPEN'S DIABETES SPECIALITIES CENTRE & SRI SAKTHI VINAYAKAR MULTISPECIALITY HOSPITAL			
		95,95A Karur Main Road GUZI Mobile: 09965534483 Email: drpalaniappen@yahoo.	Liamparai-624 703. D		
Byelaw 2.3.3 which	state			nrolled as Associate Member, if	
		-	-	d within that stipulated time, He	
	icians		•	ails to become a member of the fails to become a member of	

## **Online Transfer**

i.

Bank Name : Canara Bank Acc Number : 1834101022101 Branch : Anna Nagar West Extn IFSC Code : CNRB0001834