

Application Form for becoming Life / Annual Member of APPI

To,

**The Secretary, Head Office & Finance**

Association of Physiologists & Pharmacologists of India

Dear Sir,

Kindly enroll me as a Life / Annual Member of the Association of Physiologists & Pharmacologists of India. I shall abide by the rules and regulations as formulated by the Association.

I have deposited a sum of Rs \_\_\_\_\_ in the account of APPI (see footer for details).

The transaction No/details are: \_\_\_\_\_

1. **Membership required:** Life/Annual

2. **Title:** Dr/Mr/Miss/Mrs: \_\_\_\_\_

3. **Name in full (Block letters):** \_\_\_\_\_

4. **Date of Birth (mm/dd/yy):** \_\_\_\_\_

5. **Educational Qualifications**

S.No	Degree/Diploma / PG Degree	Year of passing	University

6. **Current Designation:** \_\_\_\_\_

7. **Organization/Institute/College:** \_\_\_\_\_

8. **Office/Residential Address:** \_\_\_\_\_  
\_\_\_\_\_

9. **Email id:** \_\_\_\_\_ **Phone (M/L):** \_\_\_\_\_

Yours Sincerely

(Signature)

Kindly email the filled form with relevant details to [secretariat@appi.org.in](mailto:secretariat@appi.org.in)

**Account details of APPI:** Account Name: APPI, State Bank of India, Ansari Nagar Branch,  
Account No: 10874587055, IFSC Code: SBIN0001536

**Membership Fee:** Annual: 1010/- and Life: 5010/-

For queries and other details: Kindly use the online query/help feature of [appi.org.in](http://appi.org.in)