

INDIAN ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS-TELANGANA STATE CHAPTER

MEMBERSHIP REGISTRATION FORM

Name :

Date of Birth :

Educational Qualification :

Designation :

Place of Work :

Mobile Number :

Email ID :

Address for Correspondence :

The Applicant should pay an amount of Rs 2000/ by any of the online modes of payment to the following account:

Name of the Account Holder: ASSOCHN OF PATHOLOGISTS AND MICROBIOLOGISTS TELANGANA CHAPTER	
Bank Name	SBI, Osmania Medical College, Koti, Hyderabad
Account Number	37763811203
IFSC Code	SBIN0021110

Signature :

Place :

Date:

Note: Membership taken once shall be considered as lifetime membership.