

FORM X

Application Form for Membership of Association

To

The President
Practicing Oral Pathologists & Microbiologists Association
Regd. Office Address: H. No. 1021, Urban Estate – II, Hisar - 125001

(PHOTO)

Subject: -Application for admission as a Member of the association

Dear Sir,

I wish to apply for admission as a member of, my brief particulars are as under: -

Sr. No.	Subject	Particulars
1	Name of the Applicant	
2	Father's/Husband's Name	
3	Permanent Address	
4.	Correspondence Address	
5.	Date of Birth	
6.	Academic Qualifications	
7.	Occupation	
8.	Phone No. with Code	
9.	Email ID	
10.	Medical/Dental/any other council no.	

2. I certify that:

- I unconditionally subscribe to the aims & objectives of the Association and contribute towards attainment of the same.
- I shall abide by the Byelaws of the Association as applicable and amended from time to time.
- I have not been convicted of an offence involving moral turpitude involving imprisonment.

3. I am enclosing herewith the following Documents:

- Copy of Aadhar card towards the proof of Identity, Address & Date of Birth.
- Copies of Academic Qualifications
- Copy of _____ towards the proof of DD/Pay Orders/Cheque No./ IMPS No/ NEFT/RTGS Reference No. _____ dated _____ for Rs. _____ drawn in favour of Practicing Oral Pathologists & Microbiologists Association, payable at Hisar, Haryana towards membership fee.
- Two passport size photographs.

4. I request you to kindly admit me as a _____ (Type of membership) member of the Society.

Thanking you

Yours faithfully

Date & Place: _____

(Signature of the applicant)

B. Recommendations of regular member of the Association (if provided in the byelaws):

I _____ recommend admission of Dr. _____
S/o _____ aged _____ years, R/o _____

Signature of the member	
Name of the member	
Membership No.	
Date	
Place	

C. Decision of the Governing Body:

I, _____ S/o, W/o, D/o _____, aged _____ years,
R/o _____ is admitted as Founder Member/ life
member/Ordinary Member of the Association w.e.f _____ under membership no.
_____ vide resolution bearing no. _____ in the Meeting of the Governing Body held
on _____.

He may be issued an Identity Card of the Society & his name may be entered in the Register of members.

Date: _____

President/ Secretary

Place: _____

The Admission Fee and the Annual Subscription Fees payable by different types of members are:

Type of Membership	Admission Fee	Annual subscription
(a) Life Member	Rs. 3100/- (one time)	Nil
(b) Ordinary Member	Rs. 1100/- (one time)	Rs. 200/-

Bank details for on-line payments:

Account Name: Practicing Oral Pathologists & Microbiologists Association

Bank's Name: Canara Bank, Urban Estate -II, Hisar, Haryana - 125001

Account Number: 110150477222

RTGS/NEFT/IFSC Code: CNRB0002990

Note: Outstation members can pay by online payment by NEFT, RTGS, any online mode like GPAY, PHONE PE, PAYTM, etc. in the name of "**Practicing Oral Pathologists & Microbiologists Association**" payable at Hisar, membership form to be sent to the registered office address of the Association (H. No. 1021, Urban Estate – II, Hisar – 125001, Haryana) by post & email id (popma01797@gmail.com) as mentioned. Online payment transaction Id/date of payment to be mentioned in the membership form.