

TANPAPS - MEMBERSHIP FORM

Life Membership Application Form

Name (in block letters): _____

Qualification _____

Address:(in block letters) _____

Telephone & Fax No: _____

E mail: _____

Name & Address of the Institution: _____

Present Post Held: _____

Field of Interest: _____

Specify Remarks (if any): _____

Proposed by (Name in block letters):

Life Member, TANPAPS

Signature: _____

Designation: _____

Membership No: _____

Date:

(Signature)

Please return this form after completion along with the Life Membership subscription fee of Rs. 5,000/- to the
Secretary, Prof. P. Jeyakumar, MS, MCh, D.Ortho,
Associate Professor, Dept of Plastic Surgery (701)
Govt. Stanley Hospital, Chennai - 600 001.

Payment by cheque (Rs. 50 extra for outstation cheques)

Ac. Name	Tamilnadu Association of Plastic Surgeons
Bank Name	Karur Vysya Bank
Branch	Nolambur
IFSC	KVBL0001972
Account No.	1120155000140196