

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: _____

Photo

Date:

(Signature)

Please return this form after completion along with the Life Membership subscription fee of Rs. 2,500/- to the Secretary,

Dr. G. Karthikeyan,

C/o Flat ID, Temple Rock Apts, 44, New Avadi Road, Kilpauk, Chennai - 600 010.

Mobile: 9841130686, Email: gkhandsurgery@gmail.com

Payment either in cash (or) by cheque (Rs. 50 extra for outstation cheques)