

# 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): \_\_\_\_\_

<b>Photo</b>
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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)

Bank Name	Karur Vysya Bank
Branch	COIMBATORE - MAIN
IFSC	KVBL0001120
Account No.	1120155000140196