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15. Undertaking: _____, an applicant to the Associate / Affiliated / Ordinary / Life Membership of UP Chapter of Indian Association of Pathologists Microbiologists hereby attest that the information's provided are true to the best of my knowledge and belief. On acceptance of my membership, I shall abide by the rules of the association and shall strive to uphold the dignity and objectives of the association. I also agree to pay the membership fees and other dues as required from time to time.

Date: _____

Place: _____

Signature _____

*** Mandatory fields**

FOR USE BY OFFICE

Application received: Complete / Incomplete

Fees Received : ₹

Membership number allotted :

- **All applications should be accompanied with the following (mandatory)**
 - **Membership form duly filled, signed, proposed and seconded**
 - **Copy of MBBS and MD/ Diploma degrees**
 - **Certificate of Additional Qualification/Affiliation / Honors**
 - **Proof of age**
 - **Certificate of proof from head of Department in the case of students / Scholar / Residents / Affiliated member and Indicate IAPM / UP Chapter life membership number of HOD**
 - **DD/ Cheque / Details of NEFT**