

ASSOCIATION FOR PREVENTION AND CONTROL OF RABIES IN INDIA (APCRI)

APPLICATION FORM

1. NAME (in Block Letters) : _____
2. DATE OF BIRTH & AGE : _____
3. GENDER : _____
4. OCCUPATION : _____
5. ADDRESS
 - a) For Communication : _____

 - b) Permanent Address : _____

Affix pasport
size photography

6. PHONE NUMBERS :

Office :
Residence (STD Code) :
Fax :
E-mail ID :

7. QUALIFICATION/S:

DEGREE/DIPLOMA	YEAR	UNIVERSITY	PLACE

8. WORK & EXPERIENCE (as related to Rabies)

DESIGNATION	PERIOD (DATES)	INSTITUTION / ORGANIZATION

9. PUBLICATIONS (ON RABIES) (Add additional pages, if inadequate)

	TITLE	YEAR	PUBLICATION
I			
II			
III			
IV			
V			

10. AWARDS, DISTINCTIONC, MEDALS, Etc...

	AWARDS Etc..	YEAR	DETAILS/PARTICULARS
I			
II			
III			
IV			
V			



11. MEMBERSHIP/ FELLOWSHIPS OF OTHER PROFESSIONAL BODIES/SCIENTIFIC SOCIETIES, Etc....

	MEMBERSHIP/ FELLOWSHIP	SOCIETY/ ORGANIZATIONAL BODIES	YEAR	ADDRESS
1				
2				
3				
4				
5				

12. ANY OTHER INFORMATION : _____

(A copy of Curriculum Vitae may be enclosed)

Declaration: I hereby agree to abide by the rules and regulation of the association and will pay all the prescribed fee in time and work for the welfare of the association.

Date: _____

Signature: _____

Place: _____

Name: _____

RECOMMENDATION OF APCRI MEMBERS

Proposed By:

Seconded By:

Signature : _____

Signature : _____

Name & Address _____

Name & Address _____

OFFICE USE

APPROVED BY:

TREASURER

GENERAL SECRETARY

PRESIDENT

{Life Membership No:.....}

Date :.....}

Receipt No.}

NOTE

The application form duly filled up and signed, (along with photograph affixed), copies of Degree/ P.G. Degree Certificates and D.D. for Rs.2000/- should be sent to

Dr. H. S. Ravish

Treasurer, APCRI, Associate Professor of Community Medicine
KIMS Medical College, Banashankari 2nd stage, Bangalore-560070
Mobile: 09900562743

Important: All payments should be made by D.D. only favouring "APCRI" and payable at Bangalore