



## Association for Prevention and Control of Rabies in India

**APCRI Headquarters:** Department of Community Medicine, Kempegowda Institute of Medical Sciences (KIMS), Banashankari 2nd Stage, Bangalore - 560070, India. Email: info@apcri.org

### Sub: Issuance of Identity Card & Changing of Corresponding Details (if any)

Dear Sir /Madam,

It is our proud privilege to inform you that on behalf of APCRI we will issue Identity Card to our members and update their corresponding details (if any) in APCRI database.

You are requested to send the following PROFORMA within two months to the undersigned or any of the honorable E.C. members so that we may issue Identity Card at the earliest.

#### Dr. Sumit Poddar

The Secretary General

Association for Prevention and Control of Rabies in India (APCRI)

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Email: [drsumitpoddar@gmail.com](mailto:drsumitpoddar@gmail.com)

### Application for Issuance of Identity Card & Changing of Corresponding Details (PLEASE USE CAPITAL LETTERS)

APCRI MEMBERSHIP NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ BLOOD GROUP: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

TEL NO. (IF ANY): \_\_\_\_\_

EMAIL ID: \_\_\_\_\_

PHOTO

\_\_\_\_\_  
SIGNATURE

