



**PULMONARY PATHOLOGY SOCIETY
OF INDIA**

PROPOSAL FOR MEMBERSHIP OF THE ASSOCIATION

Please fill in the form with block letters in Blue or black ink or type

1. NAME (IN FULL) : _____
First name Middle name Surname

2. DATE OF BIRTH: _____

3. AGE AT APPLICATION (attach proof): _____

4. GENDER: MALE/FEMALE: _____

5. PRESENT ADDRESS:

6. PERMANENT ADDRESS: _____

7. TELEPHONE NUMBER: OFFICE _____
RESIDENCE/MOBILE: _____

8. MAIL ADDRESS/ FAX: _____

9. ACADEMIC QUALIFICATION, BEGINNING WITH GRADUATION: (attach proof):

| | Degree | Year | University/Board |
|----|--------|------|------------------|
| 01 | | | |
| 02 | | | |
| 03 | | | |
| 04 | | | |

10. PRESENT DESIGNATION AND OCCUPATION (Tick One):

Student/ Research Scholar/ Senior Resident/ Faculty/ Consultant/ Practice
(Enclose certificate of Proof from Head of Department in case of Students/
Scholar/ Residents)

11. TOTAL EXPERIENCE IN YEARS: _____

12. SPECIALISATION: PATHOLOGY/ RESPIRATORY MEDICINE/ OTHERS

13. MEMBERSHIP APPLIED FOR: Life member/ Honorary member): _____

14. APPLICATION IS PROPOSED BY THE FOLLOWING WHO ARE LIFE MEMBERS OF THE ASSOCIATION

| | Name of proposer | PPSI life membership number | Signature |
|----|------------------|-----------------------------|-----------|
| 01 | | | |
| 02 | | | |

15. DETAILS OF PAYMENT: draft number/ amount /date/ drawn on bank: _____

(BANK DRAFT FAVOURING ‘ PULMONARY PATHOLOGY SOCIETY OF INDIA’ PAYABLE AT DELHI)

16. UNDERTAKING: I....., an applicant to the ordinary/Life membership of the Pulmonary Pathology Society of India hereby attest that the information 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 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.

Dated:.....
Place:.....

Signature
(Name)

FOR OFFICE USE ONLY:
RECEIVED ON:
DRAFT NUMBER/ AMOUNT:
GBM RATIFICATION:
ACCEPTED/REJECTED ON:

Kindly send the completed proposal form to Dr Ritu Kulshrestha, Secretary PPSI, Department of Pathology, V.P. Chest Institute, University of Delhi, Delhi- 110007

Guidelines for PPSI membership form

The Pulmonary Pathology Society of India (PPSI) was founded in 2008. The head quarters of the association is at V.P. Chest Institute, Delhi.

The association has the following objectives:

- To promote and advance Pulmonary Pathology in India
- To promote research in the field of Pulmonary Pathology

Membership to the IAPM according to the Bye- laws of the association are of the following categories:

1. Life members: A post graduate in Pathology, Respiratory medicine, life sciences (PhD), having interest in field of pulmonary pathology. Ordinary members shall enjoy all rights and privileges of membership of the association
2. Honorary members: Any person whom the Governing Body considers fit, by virtue of his having rendered outstanding services to the cause of the Society Association may be elected as an Honorary Member. However, they shall not vote in the elections.

Membership fees: (as amended in 2009)

The current membership fees for Life members is Rs 3000/- (One time)

Enclosures:

All applications should be accompanied with (mandatory) enclosures:

1. Proof of age.
2. Certificate of Qualifications.
3. Certificate of proof from head of Department in case of Students.

All proposals for membership shall be Nominated and Seconded by Life members of the PPSI

All proposals are ratified at the General Body meeting and only then are members accepted formally by the association.

Please Note:

All communications shall be sent to the present address/ email address, on acceptance of membership. Hence please provide the correct and complete address. Please inform change in Address/ email address immediately to Dr Ritu Kulshrestha, Secretary PPSI, Department of Pathology, V.P. Chest Institute, University of Delhi, Delhi- 110007 or via email: ritukumar71@yahoo.com