

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

Application Form

1. NAME (in Block Letters) : _____

2. DATE OF BIRTH & AGE : _____

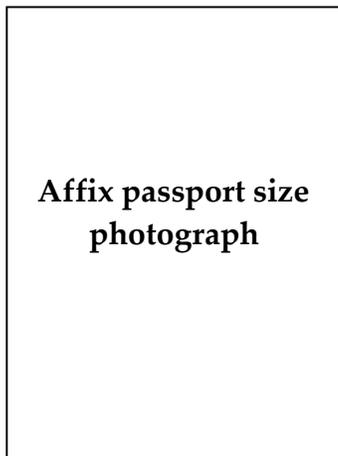
3. GENDER : _____

4. OCCUPATION : _____

5. ADDRESS

 a) For Communication : _____

 b) Permanent Address : _____



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:

Signature : _____

Name & Address

Seconded By:

Signature : _____

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

<p>Dr. H. S. Ravish Treasurer, APCRI Associate Professor of Community Medicine KIMS Medical College, Banashankari 2nd stage Bangalore-560070 Mobile: 09900562743</p>
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Important:

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