



Guidelines for IAPM Membership Form



All applicants are required to read the following carefully before filling this form.

IAPM was founded in 1949. The headquarters of the association is at Cuttack, (Orissa)

The association has the following objectives:

- To promote and advance Pathology, Microbiology and allied sciences as well as public health.
- To uphold the standards of practice of Pathology, Microbiology and allied sciences
- Promote research in the fields of Pathology, Microbiology and allied sciences

Memberships to the IAPM according to the Bye - Laws of the association are of the following categories:

1. Ordinary Members (O): Should have a recognized postgraduate qualification in Pathology or

Microbiology and should be engaged in either or both of these two professions. Ordinary Members shall enjoy all rights and privileges of membership of the association.

2. Life Members (L): An Ordinary Member who has completed minimum of five years of continuous membership without dues. Life members shall enjoy all rights and privileges of membership of the association.

3. Associate Members (A): Medical graduates (MBBS) who are pursuing a postgraduate qualification in Pathology or Microbiology. Associate Members do not have any voting rights in the association.

4. Affiliated Members (AF): The postgraduates who are actively engaged in research and teaching of Pathology and Microbiology but do not possess a medical degree: PhD, MSc, MDS [Oral Pathology], MVSc [Veterinary Pathology /Microbiology] provided their research activity is related to or has relevance to human Pathology and Microbiology. It is mandatory for research scholars / associates / fellows with MSc / PhD working under a Pathologist / Microbiologist to be proposed for membership by their guides / investigator of the project. Affiliated members do not have any voting rights in the association.

5. Honorary Members (H): Honorary Members are elected by the Executive Council of the association. Honorary Members may attend all meetings and take part in discussions but do not have voting rights.

All proposals for membership shall be Nominated and Seconded by Life members of the IAPM. It is expected that members who nominate and second the proposal advise the applicant to fill in the form correctly. Applicants are encouraged to write their subjects of interest/specialization in Sl. No. 11 (other than that indicated in Sl. No. 10). As required by the constitution, all proposals are ratified at the General Body Meetings (usually held during the **Annual Conference in November-December every year**) and only then are members accepted formally by the association.

Membership fees: One-Time Payment to Life Time Membership (as amended in 2016)

SINo	Eligibility	Fees in Rs.
1	If you are a First-year postgraduate in pathology student and wants to become a life member by paying onetime fee (Three years associate membership fees i.e. (1000x3) = 3000/- + five years ordinary membership fees(5000/-) + life membership fees(5000/-) i.e 10,000/-)	13,000/-
2	If you are a Second-year Postgraduate in pathology student and wants to become a life member by paying onetime fee (Two year associate membership fees i.e (1000 x2) 2000/- + five years ordinary membership fees(5000/-) + life membership fees(5000/-) i.e 10,000/-)	12,000/-
3	If you are a Third-year Postgraduate in pathology student and wants to become a life member by paying onetime fee (One year associate membership fees i.e (1000 x1) 1000/- + five years ordinary membership fees(5000/-) + life membership fees(5000/-) i.e 10,000/-)	11,000/-
4	MD, DNB and/or DCP can pay five years ordinary membership fees(5000/-) + life membership fees(5000/-)	10,000/-
5	Postgraduate in pathology can pay for three years as associate membership fees i.e.(1000x3)	3,000/-
6	Postgraduate in pathology can also pay for only one year as associate membership fees (From January to December)	1,000

*** The member shall submit proof of passing MD for continuing as member after passing the examination**

All applications should be accompanied with the following (mandatory) :

1. Proof of age
2. Certificate of Qualifications
3. Certificate of proof from Head of Department in the case of Students / Scholar / Residents / Affiliated member and

Indicate IAPM life member number of HOD

Please note:

All communications shall be sent to the present address on acceptance of membership.

Hence please provide the correct and complete address, contact numbers and e-mail ID.

Email: _____



INDIAN ASSOCIATION OF PATHOLOGISTS AND MICROBIOLOGISTS



PROPOSAL FOR MEMBERSHIP OF THE ASSOCIATION

Please fill in the form with block letters in blue or black ink or type.
Kindly, read the instructions at the back of this page and sign the under taking.

1. Name (in full)

First Name																			
Middle Name																			
Surname																			

2. Date of Birth : 3. Age at Application (Attach Proof) 4. Gender M F

5. Permanent Address

State																	Pin Code		
Ph. No.																			Email :

6. Present Address

State																			
Ph. No.																			Email :

7. Academic Qualifications, beginning with graduation (Attach Proof) :

Sl.	Degree	Year of Qualification	University/Board
01			
02			
03			
04			

8. Present Designation and Occupation (Please indicate appropriate circle and provide details)

Student / Research Scholar / Senior Resident / Faculty / Consultant / Practice / Affiliated member
 (Enclose certificate of proof from Head of Department in the case of Students/ Scholar / Residents/ Affiliated member)
Indicate IAPM life member No. of HOD

9. TOTAL EXPERIENCE IN SUBJECT yrs. 10. SPECIALIZATION: Pathology/Microbiology

11. SPECIAL INTEREST/SPECIALIZATION :

12. Membership applied for : Honorary / Associate / Affiliated / Ordinary / Life (Direct) / Life (Existing ordinary Member)

13. IAPM Membership Number [For existing members only]

14. This application is proposed by the following who are life members of the association :

Sl.	Name of the Proposer	IAPM Life Membership No.	Signature
01			
02			

15. **Undertaking** : I _____, an applicant to the Associate / Affiliated / Ordinary / Life Membership of Indian Association of Pathologists and 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 _____

Attested from two life membership of the associations

Signature : _____ Signature : _____
 Name with IAPM No. : _____ Name with IAPM No. : _____
 Mobile No. : _____ Mobile No. : _____