



**Pathologists & Microbiologists  
WELFARE SOCIETY, VADODARA (VAPM)**

(Registration No - F/3118/Asst. Charity Commissioner, Vadodara; Gujarat/3434/Assistant Registrar of Society, Vadodara)  
Registered Address : Skylab Apartment, Delux Cross Road, Nizampura, Vadodara - 390002  
Contact No : 09377816260 | e mail : vapm2013@gmail.com | www.vapmbaroda.com

**Membership Registration Form**

Stick Passport  
size photo here

Surname	
First Name	
Middle Name	
Birthdate (dd/mm/yyyy)	
Gender	
Residential Address	
Office / Lab Name (Mention all the places of your professional association separately)	
Office / Lab Address	
Current Position / Designation	
Job Specialty	
Mobile No.	
Alternate contact Nos.	
Email id	

MBBS College	
MBBS University	
MBBS Year of passing	
MBBS MCI / GMC Registration Number	
Post Graduate Degree	
Post Graduation College	
Post Graduation University	
Post Graduation Year of passing	
Post Graduation GMC Registration Number	

Kindly attach self attested photo copies of Postgraduate degree certificate & MCI/GMC registration certificate.

**Payment details:**

Payment of Rs. 5,000 towards Life membership fees can be made through Cheque in the name of “Pathologist and Microbiologist welfare Society, Vadodara”.

Cheque no.:	
Date:	
Name of bank & branch:	

**DECLARATION**

I, \_\_\_\_\_, hereby solemnly and sincerely declare that, to the best of my knowledge and belief, the above particulars given by me are true and correct, In case if any of the above information is found to be incorrect, it may lead to cancellation of my membership.

Signature with date: