



UNITED ACADEMY OF PULMONARY MEDICINE

(Registered under Rajasthan Societies act ,1958; Registration No. COOP/2020/JAIPUR/200453)

Head Office:77, Barkat Nagar, TonkPhatak, Jaipur, Rajasthan

APPLICATION FOR ENROLMENT AS A LIFE FELLOW

[Kindly fill all data in CAPITAL LETTERS only, enclose documentary proof]

Academy Membership no.:

Year of joining as Academy Member:

Name

Last Name

First Name

Middle Name

Nationality:

Date of birth (dd-mm-yyyy):

Designation/ Position:

Department/Unit:

Institute / Organisation:

Address Line 1

Address Line 2

City

District

State

Country

Pin/Zip

Corresponding Address:

Address Line 1

Address Line 2

City

District

State

Country

Pin/Zip

Email Id 1.

2.

Mobile No.

[I]

[II]

QUALIFICATIONS

Qualification	College	University	Year	NMC/ State Registration No.
MBBS				
MD				
Others				

PUBLICATIONS

	Indexed International	Indexed National
Books/ Chapter in Books		
Research Papers Published		

EXPERIENCE

Post-Postgraduate	
Faculty/ Consultant	

INNOVATIONS/AWARDS/SPECIAL SERVICES TO PROFESSION / COMMUNITY:

PROPOSED & SECONDED:

We hereby certify that _____ fulfils all rules and regulations of the Academy to be fit for award of fellowship.

	Proposed by	Seconded by
Name		
Fellowship No.		
Signature		

DECLARATION

I have read carefully the rules and regulations of the Academy before filling this form.

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.

Subject to the approval of the Governing Body in an ordinary or a special meeting, I agree to become a Fellow and if admitted, to abide by the Rules and Regulations of the Academy.

I understand that the Academy may decide not to continue my Fellowship any time in future and that I shall not be entitled to refund of any fee or any compensation due for damage caused to me or my reputation.

Date _____

Place _____

Signature of Candidate

FOR PAYMENT OF DUES:

Life-Fellowship Fee: Rs. 15,000 /-
A/C Name : United Academy of Pulmonary Medicine
Account No. : 668020110000602
IFSC Code: BKID0006680
Swift Code : BKIDINBBUDP
Bank & Branch: Bank of India, Udaipur Branch

For Academy Office Only

Fee Received:

Decision of Governing Council:

Final Remark:

Authorized Signatory