



# ASSOCIATION OF AESTHETIC PLASTIC SURGEONS

Mumbai, Thane, Navi Mumbai

(Reg. No. MAH/514/2018/THANE)

## AAPS Membership Form

Name: \_\_\_\_\_

Age : \_\_\_\_\_ Gender : \_\_\_\_\_

Email ID: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Aadhar No.: \_\_\_\_\_

PAN Number: — \_\_\_\_\_ — GST Number: \_\_\_\_\_ — APSI ID: — \_\_\_\_\_ —

Residential Address = (within 3 Sister Cities) \_\_\_\_\_

ClinicAddress (within 3 Sister Cities) \_\_\_\_\_

Photo

Qualification: \_\_\_\_\_ Year Passed \_\_\_\_\_ Institute \_\_\_\_\_

M.B.B.S — \_\_\_\_\_

M.S. \_\_\_\_\_

M.Ch. \_\_\_\_\_

D.N.B. \_\_\_\_\_

Payment :  D Cheque  D Money Transfer  D

Name of Bank: \_\_\_\_\_

Date: \_\_\_\_\_ Cheque or UTR Number: \_\_\_\_\_

Amount Paid: **Associate member** -- 5000 (LM+1yrAM)

**Full Member** - 1) 12750 (LM+5yrAM) 2) 24000 (LM+10yrAM)

### AAPS Bank Details

Account Number 003110110016989

IFSC Code: BKID0000006

Bank of India, Borivali west branch

### **Proposed by**

1. Name = \_\_\_\_\_ Signature = \_\_\_\_\_

### **Seconded by**

1. Name = \_\_\_\_\_ Signature = \_\_\_\_\_

I will abide by rules & regulations of association

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_

### **List of attached (self attested photocopies) documents**

- 1) Address Proof (Local)
- 2) MMC Registration Certificate
- 3) Additional Qualification MMC Registration Certificate
- 4) M.Ch. OR D.N.B. Plastic Surgery Degree