

**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 : \_\_\_\_\_

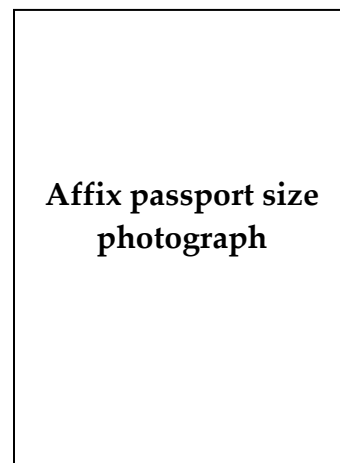
5. ADDRESS

    a) For Communication : \_\_\_\_\_

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    b) Permanent Address : \_\_\_\_\_

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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.1000/- should be sent to

<p><b>Prof. (Dr.)Thomas Mathew,</b> Secretary General, APCRI Department of Community Medicine, Govt. Medical College, Thiruvananthapuram-695011 Phone: 0 9447144230 Fax: 0471 2334343</p>	<p><b>Or</b></p>	<p><b>Dr.V.Srinivas Rao,</b> Treasurer, APCRI 3-44-132, Krishnanagar Colony, MV Nagar, Near Picket, Secunderabad-500009 Ph No(R):040-27053679 Ph No(O):040-27815023</p>
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**Important:**

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