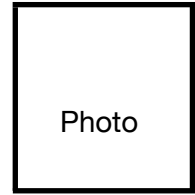




AAUP MEMBERSHIP FORM

To
Dr Vinay K Pandey
Secretary AAUP
Kalyani Knee & Shoulder Clinic
Umaraha, NH-29, Varanasi, 221112
Ph:9554066660
Email: docvkpandey@hotmail.com



Dear sir,
I wish to join as Member of AAUP, I am enclosing herewith a DD/Cheque of INR 4500 towards membership as Life Member/ INR 3000 as Associate Member towards corpus of the AAUP for Life/ Associate Membership

Name.....
Date of birth.....PAN No.....
Address.....
.....
Mobile..... Email.....
Qualification: MBBS.....D(Orth)/ MS(Orth).....
Presently Working As.....
IAS Membership.....

ACCOUNT DETAILS
ARTHROSCOPY ASSOCIATION OF UTTAR PRADESH

Acc No: 50421663978
IFSC: IDIB000K656
Indian Bank K.G Medical college, Lucknow Branch

PAYMENT DETAILS

DD/CHEQUE No.....Drawn on.....Amount.....Date.....
DD/CHEQUE in favour of ARTHROSCOPY ASSOCIATION OF UTTAR PRADESH, payable at Lucknow

| | NAME | SIGNATURE | LM NO |
|-------------|------|-----------|-------|
| PROPOSED BY | | | |
| SECONDED BY | | | |

Date

Signature of Applicant

FOR OFFICIAL PURPOSE

Received By.....Membership No. Allotted.....

Signature of Secretary AAUP