MAPS No. :
For Office Use Only

Reg.No.:
For Office Use Only

MAHA ASSOCIATION PLASTIC SURGEONS
MEMBERSHIP FORM

(PLEASE FILL THE IN CAPITAL LETTERS)

A. PERSONAL DETAILS

SURNAME _____

FIRST NAME _____

MIDDLE NAME _____

DATE OF BIRTH _____

SEX : MALE/FEMALE
ADDRESS _____

_____

_____

CITY _____ PIN _____

STATE _____ COUNTRY _____

TEL RES._____ TEL OFFICE _____

MOBILE -1 _____

EMAIL ID _____

MEMBERSHIP SOUGHT: (PLEASE TICK ONLY ONE OF THE FOLLOWING OPTIONS)

☐ FULL ☐ FULL LIFE ☐ ASSOCIATE ☐ ASSOCIATE LIFE ☐ OVERSEAS

B. PROFESSINAL QUALIFICATIONS

DEGREE/DIPLOMA	UNIVERSITY	YEAR OF PASSING

MEMBERSHIP RULES

Eligibility of Membership:

1. Full Members: Post Graduate qualifications in Plastic Surgery.
2. Life Members : In additional to above, pays the requisite Life Membership fees along with one year annual fees.
3. Overseas Membership: (i) Same as full membership, but not resident/ practicing overseas and pays overseas Life membership fees.
4. Associate Membership: (i) Post graduates students/trainees in plastic surgery.
   (ii)Medical Professionals interested in plastic surgery.
   (iii)Dental surgeons interested in plastic surgery.
   (iv)Para Medical Professionals interested in plastic surgery.
5. Associated Life Membership: Same as Associate but pays Life Membership fees.

Fees Payable along with Application Form :

Life Membership : Rs 5,000/-

Overseas Membership : USD 500

Associated Membership : Rs. 1,000/- per annum

Bank Charges : Rs.100/- for cheque from outside Mumbai (Not applicable for multi city cheque).

Instructions to the applicants for membership of **Maha Association of Plastic Surgeons.**

1. Application form must be complete in all respects.
2. Proposer and seconder must be life members of the MAPS, and they should sign the form.
3. Paste colour passport size photograph on each application form.
4. Attach additional sheets if required.
5. Two copies of filled application form with necessary documents with membership fees should be sent to the on the following address.

   Dr.Gunvant Chimanchode
   A145, Kshitaj, Indira Nagar,
   Bijapur Road,Solapur.
   Maharashtra 413004
   Mobile No- 9850040071
   Email Id:- ggchimanchode@yahoo.com

Payment Details:
The Membership fees should be paid by a Demand Draft or at par Cheque drawn in favours of **"MAHA Associations of Plastic Surgeons"** Payable at **PUNE.** For outstation cheque, Rs. 100/- should be added to the Membership Fees (Not Applicable for Multi city cheque). Alternately, the payment can be also done by a Bank Transfer on following Bank Account.

Name of Bank : HDFC Bank Branch: BHANDARKAR ROAD, PUNE.
Name of Account : Maha Association of Plastic Surgeons
New Account No : 50200107461663 Type of A/C : Current Account
Branch IFSC Code : HDFC0000007

(In case a payment is done by a Bank transfer, the Bank Transaction ID should be mentioned in the space provided in the form & a copy of Bank Transaction Receipt should be sent with the application forms to the Hon. Secretary, MAPS).

C) DETAILS OF TRANING & EXPERIENCE IN PLASTIC SURGERY (ATTACH SEPARATE SHEETS IF NECESSARY)

DESIGNATION	INSTITUTE	FROM	TO	TOTAL PRIDE

D. AWARDS/PAPERS: PRESENTED/PUBLISHED/RESEARCH WORK ETC. (IF ANY)

1. _____

2. . _____

3. . _____

E. MEMBERSHIP OF OTHER ORGANIZATIONS/PROFESSIONAL ASSOCIATIONS

1. _____APSI. _____

2. _____

3. _____

F. PAYMENT DETAILS

TOTAL AMOUNT PAID IN RS. _____

MODE OF PAYMENT ☐ CHEQUE/DD ☐ BANK TRANSFER ☐ CASH

CHEQUE/D.D. NO. _____ DATE _____

DRAWN ON _____

BANK, IN FAVOUR OF **"MAHA ASSOCIATION OF PLASTIC SURGEONS"** PAYABLE AT PUNE.

BANK TRANSFER NO. _____

NAME OF BANK. _____

I hereby state that the above facts are true and I undertake to abide by Constitution and Rules of the Association, if approval for membership.

PLACE _____

DATE _____

SIGNATURE OF APPLICANT

PROPOSED BY : _____ SECONDED BY

SIGNATURE : _____ SIGNATURE : _____

MEMBERSHIP NO. :_____ MEMBERSHIP NO. _____

For Office use only:

Received on / / Elected On / /

E.C. Recommendation: Yes/No Date / /

MAPS Membership No. Allocated _____