



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) _____

Clinic Address (within 3 Sister Cities) _____

Photo

Qualification: _____ Year Passed _____ Institute _____

M.B.B.S _____

M.S. _____

M.Ch. _____

D.N.B. _____

Payment : ☐ Cheque ☐ Money Transfer ☐

Name of Bank : _____

Date : _____ Cheque or UTR Number : _____

Amount Paid : ☐ 6000 (LM+1yr AM) ☐ 9500 (LM+5yr AM) ☐ 17000 (LM+10yr AM)

AAPS Bank Details :

Account Number 003110110016989

IFSC Code : BKID0000031

MICR Code : 400013037

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

Proposed by

1. Name : _____ Signature : _____

Seconded by

1. Name : _____ Signature : _____

I will abide by rules & regulations of association

Signature : _____

Date : _____ Place : _____