

# Application form



Passport size  
photo

Name \*

Title (Mr, Ms, Dr, etc) \*

Type of membership applied:  
Annual (Rs.2,200.00 ) Student (Rs.1,200.00)  
Life Time Membership (Rs.20,000 .00) \*

(In case of student, attach the photo copy of your ID Card)

Date of birth \*

Day  Month  Year

Designation/Occupation \*

Name of organization/institution \*

Work address\*

Home address\*

Home number\*

Mobile number \*

Email ID\*

Receive SMS alerts from PSM\*

Agree  Disagree

Blood group

Drug allergies

Name of contact person in case of emergency\*

Contact person's relationship to self \*

Contact person's mobile number \*

Amount paid \*

Rs.2,200.00  Rs.1,200.00  Rs.20,000.00

Mode of Payment \*

Cheque No  DD. No.

Cheque Date  DD. Date

Cash

Receipt no. & date